

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 1-15, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 14, 2004		Applicant Identifier #04-303	
3. DATE RECEIVED BY STATE		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name:		Organizational Unit:			
City of Lodi		Department: Public Works			
Organizational DUNS: 020004552		Division: Engineering			
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)			
Street: 221 W. Pine Street		Prefix: Mr. First Name: Charles			
City: Lodi		Middle Name: Edward			
County: San Joaquin		Last Name: Swimley			
State: California		Suffix: Jr.			
Country: United States		Email: cswimley@lodi.gov			
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)		Fax Number (give area code)	
94-6000361		(209) 333-6706		(209) 333-6710	
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		C (Municipal)			
Other (specify)		Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		9. NAME OF FEDERAL AGENCY:			
TITLE (Name of Program):		Environmental Protection Agency			
STAG Appropriations Act of 2004		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		City of Lodi Wastewater Facilities Capital Maintenance Program			
Lodi, California					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date: December 2004		a. Applicant		b. Project	
Ending Date: April 2005		11th		11th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 385,700	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant	\$ 320,000	DATE: 06/15/04			
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL	\$ 705,700				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Harold		Middle Name Dixon	
Last Name Flynn				Suffix	
b. Title City Manager				c. Telephone Number (give area code)	
d. Signature of Authorized Representative				(209) 333-6700	
				e. Date Signed 06/15/04	

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1 TYPE OF SUBMISSION: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction </div> <div style="width: 45%;"> <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction </div> </div>		2. DATE SUBMITTED <p style="text-align: center;">April 9, 2004</p>		Applicant Identifier 49 U.S.C., CH. 53, Sections 5303 and 5313(b) State Applicant Identifier <p style="text-align: center;">94-6001344-C</p> Federal Identifier																													
5. APPLICANT INFORMATION																																	
Legal Name: <p style="text-align: center;">California Department of Transportation</p> Address (give city, county, State, and zip code): <p>P. O Box 942874, MS - 32 Sacramento, CA 94274-0001 Sacramento County</p>			Organizational Unit: <p style="text-align: center;">Division of Transportation Planning</p> Name and telephone number of person to be contacted on matters involving this application (give area code) Sharon Scherzinger, Chief Office of Regional and Interagency Planning Transportation Planning. (916) 653-3362																														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 -- 6 0 0 1 3 4 7 </div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; margin-right: 20px;">A</div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">A. State</div> <div style="width: 50%;">H. Independent School Dist.</div> <div style="width: 50%;">B. County</div> <div style="width: 50%;">I. State controlled Institution of Higher Learning</div> <div style="width: 50%;">C. Municipal</div> <div style="width: 50%;">J. Private University</div> <div style="width: 50%;">D. Township</div> <div style="width: 50%;">K. Indian Tribe</div> <div style="width: 50%;">E. Interstate</div> <div style="width: 50%;">L. Individual</div> <div style="width: 50%;">F. Intermunicipal</div> <div style="width: 50%;">M. Profit Organization</div> <div style="width: 50%;">G. Special District</div> <div style="width: 50%;">N. Other (Specify) _____</div> </div>																														
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____ </div>			9. NAME OF FEDERAL AGENCY: <p style="text-align: center;">Department of Transportation Federal Transit Administration, Region IX</p>																														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; margin-right: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2 0 -- 5 1 4 </div> </div> TITLE: Transit Planning and Research			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <p>FY 2004 49 U.S.C., Chapter 53, Section 5303 Metropolitan Planning Program - \$9,668,139 (Estimate) FY 2004 49 U.S.C. Chapter 53, Section 5313(b) State Planning & Research Program - \$1,940,124 (Estimate)</p>																														
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <p style="text-align: center;">State of California</p>			14. CONGRESSIONAL DISTRICTS OF: <p style="text-align: center;">California Statewide</p>																														
13. PROPOSED PROJECT: <p style="text-align: center;">FY 2004 OWP Program</p>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Start Date</td> <td style="width:15%;">Ending Date</td> <td style="width:35%;">a. Applicant</td> <td style="width:35%;">b. Project</td> </tr> <tr> <td>July 1, 2004</td> <td>June 30, 2005</td> <td style="text-align: center;">Statewide</td> <td style="text-align: center;">Statewide Transit Planning</td> </tr> </table>				Start Date	Ending Date	a. Applicant	b. Project	July 1, 2004	June 30, 2005	Statewide	Statewide Transit Planning																				
Start Date	Ending Date	a. Applicant	b. Project																														
July 1, 2004	June 30, 2005	Statewide	Statewide Transit Planning																														
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">a. Federal</td> <td style="width:10%; text-align: right;">\$</td> <td style="width:20%; text-align: right;">11,608,263</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td style="text-align: right;">\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td style="text-align: right;">\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">1,503,974</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td style="text-align: right;">\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td style="text-align: right;">\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">13,112,237</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	11,608,263	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$	1,503,974	.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	13,112,237	.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <div style="margin-top: 10px;"> DATE <u>April 9, 2004</u> </div> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal	\$	11,608,263	.00																														
b. Applicant	\$.00																														
c. State	\$.00																														
d. Local	\$	1,503,974	.00																														
e. Other	\$.00																														
f. Program Income	\$.00																														
g. TOTAL	\$	13,112,237	.00																														
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No </div>																															
a. Type Name of Authorized Representative <p style="text-align: center;">CYNTHIA GOMEZ</p>		b. Title <p style="text-align: center;">ACTING CHIEF, OFFICE OF REGIONAL AND INTERAGENCY PLANNING</p>		c. Telephone Number <p style="text-align: center;">(916) 654-2389</p>																													
d. Signature of Authorized Representative 				e. Date Signed <p style="text-align: center;">April 9, 2004</p>																													

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 9, 2004	Applicant Identifier FY 2004 PL Overall Work Program State Applicant Identifier 94-6001344-C Federal Identifier																					
5. APPLICANT INFORMATION																								
Legal Name: California Department of Transportation		Organizational Unit: Division of Transportation Planning																						
Address (give city, county, State, and zip code): P. O Box 942874, MS - 32 Sacramento, CA 94274-0001 Sacramento County		Name and telephone number of person to be contacted on matters involving this application (give area code) Sharon Scherzinger, Chief Office of Regional and Interagency Planning Transportation Planning. (916) 653-3362																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 -- 6 0 0 1 3 4 7 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;"> A </div> <div style="clear: both;"></div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 50%;"> H. Independent School Dist. I. State controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>																						
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: Department of Transportation Federal Highway Administration, Region IX																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;"> 2 0 -- 2 0 5 </div> TITLE: MPO Highway Planning		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2004/05 Federal Planning Funds \$29,000,000.00 in FHWA PL Funds (Estimate)																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California																								
13. PROPOSED PROJECT: FY 2004 OWP Program		14. CONGRESSIONAL DISTRICTS OF: California Statewide																						
Start Date July 1, 2004	Ending Date June 30, 2005	a. Applicant Statewide																						
		b. Project Statewide Metropolitan Planning																						
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:40%; text-align: right;">\$ 29,000,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td style="text-align: right;">\$ 3,757,257</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 32,757,257</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$ 29,000,000	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$ 3,757,257	.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$ 32,757,257	.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>April 9, 2004</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 29,000,000	.00																						
b. Applicant	\$.00																						
c. State	\$.00																						
d. Local	\$ 3,757,257	.00																						
e. Other	\$.00																						
f. Program Income	\$.00																						
g. TOTAL	\$ 32,757,257	.00																						
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Type Name of Authorized Representative CYNTHIA GOMEZ		b. Title ACTING CHIEF, OFFICE OF REGIONAL AND INTERAGENCY PLANNING																						
c. Telephone Number (916) 654-2389																								
d. Signature of Authorized Representative 		e. Date Signed April 9, 2004																						

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 9, 2004		Applicant Identifier FY 2004 SP&R Partnership Planning	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier 94-6001344-C	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: California Department of Transportation		Organizational Unit: Division of Transportation Planning																													
Address (give city, county, State, and zip code): P. O Box 942874, MS - 32 Sacramento, CA 94274-0001 Sacramento County		Name and telephone number of person to be contacted on matters involving this application (give area code) Sharon Scherzinger, Chief Office of Regional and Interagency Planning Transportation Planning. (916) 653-3362																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 -- 6 0 0 1 3 4 7 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">A</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>																													
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: Department of Transportation Federal Highway Administration, Region IX																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;"> 2 0 -- 5 1 5 </div> TITLE: State Planning and Research Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2004/05 Federal Planning & Research Funds \$1,000,000.00 in FHWA SP&R Funds (Estimate)																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California																															
13. PROPOSED PROJECT: FY 2004 OWP Program		14. CONGRESSIONAL DISTRICTS OF: California Statewide																													
Start Date July 1, 2004	Ending Date June 30, 2005	a. Applicant Statewide	b. Project Statewide Planning & Research Studies																												
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS																													
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 20%;">\$</td> <td style="width: 20%; text-align: right;">1,000,000</td> <td style="width: 20%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">1,250,000</td> <td>.00</td> </tr> </table>		a. Federal	\$	1,000,000	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	1,250,000	.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>April 9, 2004</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	1,000,000	.00																												
b. Applicant	\$.00																												
c. State	\$.00																												
d. Local	\$.00																												
e. Other	\$.00																												
f. Program Income	\$.00																												
g. TOTAL	\$	1,250,000	.00																												
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																													
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																															
a. Type Name of Authorized Representative CYNTHIA GOMEZ		b. Title ACTING CHIEF, OFFICE OF REGIONAL AND INTERAGENCY PLANNING																													
d. Signature of Authorized Representative 		c. Telephone Number (916) 654-2389																													
		e. Date Signed April 9, 2004																													

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED June 9, 2004	Applicant Identifier
<input checked="" type="checkbox"/> Application Construction <input type="checkbox"/> Application Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Preapplication Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: The Center for Water Education		Organizational Unit:	
Address (give city, county, State, and zip code): 700 North Alameda Los Angeles, CA 90012N 15 2004		Name and telephone number of person to be contacted on matters involving this application (give area code): Gilbert F. Ivey 213-217-6622	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 26-0999 STATE CLEARING HOUSE		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. <input checked="" type="checkbox"/> B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Non-Profit</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81-049		9. NAME OF FEDERAL AGENCY: Department of Energy	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Hemet, Riverside County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water education center	
13. PROPOSED PROJECT The Center Water Ed.		14. CONGRESSIONAL DISTRICTS OF: Bono/Calvert	
Start Date 9/1/04	Ending Date 11/1/05	a. Applicant The Center for Water Ed	b. Project CWE Facility
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 966,000	xx YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$	DATE 6/10/05	
c. State	\$ 5,000,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ 18,083,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 24,049,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Gilbert F. Ivey		b. Title Agreement Administrator	c. Telephone Number 213-217-6622
d. Signature of Authorized Representative		e. Date Signed June 9, 2004	

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: City of Folsom		Organizational Unit: Department: Utilities Department	
Organizational DUNS: 004849475		Division:	
Address: Street: 50 Natoma Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Folsom		Prefix: Mr.	First Name: Kyle
County: Sacramento		Middle Name	
State: CA		Last Name Ericson	
Zip Code 95630	Suffix:		
Country: USA	Email: kericson@folsom.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000334		Phone Number (give area code) (916) 351-3366	Fax Number (give area code) (916) 351-0525
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE (Name of Program): Surveys, Studies, Investigations, and Special Purpose Grants		9. NAME OF FEDERAL AGENCY: USEPA - Region 9	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Folsom		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Folsom Sewer Rehabilitation Project - Phase 1	
13. PROPOSED PROJECT Start Date: 10/1/2004 Ending Date: 8/31/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4c b. Project 4c	
15. ESTIMATED FUNDING: a. Federal \$ 385,700 b. Applicant \$ 365,562 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 751,262		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/15/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix Ms. First Name Martha Last Name Clark Lofgren b. Title City Manager d. Signature of Authorized Representative Martha Clark Lofgren		Middle Name Suffix c. Telephone Number (give area code) (916) 355-7315 e. Date Signed 6-14-04	

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 15, 2004	Applicant Identifier 04-386	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION		Organizational Unit:		
Legal Name: Communities For A Better Environment		Department:		
Organizational DUNS: 00-270-9680		Division:		
Address: Street: 5610 Pacific Blvd., Suite 203		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Huntington Park		Prefix: Mr.		
County: Los Angeles		First Name: Bahram		
State: California		Middle Name:		
Zip Code: 90255		Last Name: Fazel		
Country: United States of America		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2998086		Email: bfazel@yahoo.com		
7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="radio"/> 501 (c) 3 Other (specify)		Phone Number (give area code) (323) 826-9771 ext. 100		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Fax Number (give area code) (323) 588-7079		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 86-606		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency (Ms. Cheryl Filant)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Los Angeles		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Southeast Los Angeles Air Pollution Solution Demonstration Project		
13. PROPOSED PROJECT Start Date: October 1, 2004 Ending Date: September 30, 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 34th (Roybal-Allard) b. Project 34th (Roybal-Allard)		
15. ESTIMATED FUNDING: a. Federal \$ 44,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 44,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON. DATE: 6-14-04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative Prefix Ms. First Name Yuki Middle Name Suffix		c. Telephone Number (give area code) (323) 826-9771 ext. 105		
b. Title Executive Director		e. Date Signed June 14, 2004		
c. Signature of Authorized Representative				

Standard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/14/04	Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: MERCY HOUSING CALIFORNIA		Organizational Unit: Department: Los Angeles Office		
Organizational DUNS: 883200900		Division:		
Address: Street: 1360 Mission Street, Suite 300		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: San Francisco		Prefix: Ms		
County: San Francisco		First Name: Sharon		
State: CA		Middle Name		
Country: UNITED STATES		Last Name: Christen		
Zip Code: 94108		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3081666		Email: SChristen@MERCYHOUSING.ORG		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es). (See back of form for description of letters.)		Phone Number (give area code) (415) 355-7111		
Other (specify)		Fax Number (give area code) (415) 355-7122		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157		7. TYPE OF APPLICANT: (See back of form for Application Types) 0. NOT FOR PROFIT ORGANIZATION Other (specify)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City and County of Los Angeles, California		9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT		
13. PROPOSED PROJECT Start Date: 12/1/04 Ending Date: 12/1/06		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New Dana Strand Senior Homes 450 N. Hawaiian Avenue Wilmington CA 90744-4937 99 one-bedroom, very low income, service-enriched units for seniors and 1 two-bedroom manager's unit		
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 08 b. Project 36		
a. Federal \$ 13,610,715 ⁰⁰		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
b. Applicant \$ 10,000 ⁰⁰		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/14/04		
c. State \$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$ 781,642 ⁰⁰		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$ 500,000 ⁰⁰		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 14,892,282 ⁰⁰		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative Prefix MS		Middle Name M.		
First Name Jane		Suffix		
Last Name Graf		c. Telephone Number (give area code) 415-355-7100		
b. Title PRESIDENT		e. Date Signed		
d. Signature of Authorized Representative				

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/14/04	Applicant Identifier	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION		Organizational Unit:		
Legal Name: MERCY HOUSING CALIFORNIA		Department: SAN FRANCISCO OFFICE		
Organizational DUNS: 883200900		Division:		
Address: Street: 1360 Mission Street, Suite 300		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: San Francisco		Prefix: MS		
County: San Francisco		First Name: RANDI		
State: CA		Middle Name		
Zip Code: 94103		Last Name: GERSON		
Country: UNITED STATES		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3081666		Email: RGERSON@MERCYHOUSING.ORG		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Phone Number (give area code) (415) 355-7120		
Other (specify)		Fax Number (give area code) (415) 359-7122		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): HUD SECTION 202		7. TYPE OF APPLICANT: (See back of form for Application Types)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY of SAN LORENZO AND COUNTY OF ALAMEDA, CALIFORNIA		0. NOT FOR PROFIT ORGANIZATION Other (specify)		
13. PROPOSED PROJECT Start Date: 4/1/2006		9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT		
Ending Date: 4/1/2007		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: KENT GARDENS SENIOR HOUSING 16438-18450 KENT AVENUE SAN LORENZO, CA 94580-1231 83 one-bedroom, very low income, services-enriched units for seniors and 1 two-bedroom manager's unit.		
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF:		
a. Federal	\$ 10,130,317	a. Applicant 08		
b. Applicant	\$ 10,000	b. Project 09		
c. State	\$	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
d. Local	\$ 2,994,543	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
e. Other AHP	\$ 420,000	DATE: 6/11/04		
f. Program Income	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
g. TOTAL	\$ 13,554,860	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
a. Authorized Representative		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
Prefix MS		First Name Jane		
Last Name Graf		Middle Name M.		
b. Title PRESIDENT		Suffix		
d. Signature of Authorized Representative		c. Telephone Number (give area code) 415-355-7100		
		e. Date Signed		

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/14/04		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: MERCY HOUSING CALIFORNIA		Organizational Unit: Department: San Francisco Office		Division:	
Organizational DUNS: 883200900		Name and telephone number of person to be contacted on matters involving this application (give area code)		Prefix: MR First Name: MERLE	
Address: Street: 1360 Mission Street, Suite 300		Middle Name		Last Name: MALAKOFF	
City: San Francisco		Suffix:		Email: MMALAKOFF@MERCYHOUSING.ORG	
County: San Francisco		Phone Number (give area code) (415) 355-7156		Fax Number (give area code) (415) 355-7122	
State: CA Zip Code: 94103		7. TYPE OF APPLICANT: (See back of form for Application Types)		0. NOT FOR PROFIT ORGANIZATION: Other (specify)	
Country: UNITED STATES		9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 9th & Jessie Senior Community SWC 9th & Jessie Streets San Francisco CA 94103 103 one-bedroom, very low income, service enriched units for seniors and 1 two bedroom manager's unit	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3081666		8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 08 b. Project 08	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY AND COUNTY OF SAN FRANCISCO, CALIFORNIA		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/14/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
13. PROPOSED PROJECT Start Date: 4/1/06 Ending Date: 12/01/07		15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal \$ 11,971,245.00		b. Applicant \$ 401,070.00			
c. State \$		d. Local \$ 13,520,479.00			
e. Other FLHB-SF \$ 520,000.00		f. Program Income \$			
g. TOTAL \$ 26,412,794.00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix MS First Name Jane Middle Name M.		Last Name Graf Suffix		c. Telephone Number (give area code) 415-355-7100	
b. Title PRESIDENT		d. Signature of Authorized Representative		e. Date Signed	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/9/04		Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Feather River Canyon Community Services District			Organizational Unit: Department: Feather River Canyon CSD		
Organizational DUNS:			Division:		
Address: Street: PO Box 141			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Twain			Prefix: Mr.		First Name: Peter
County: Plumas			Middle Name		
State: California			Last Name Dryer		
Country: USA			Suffix:		
Zip Code 95984			Email:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0228237			Phone Number (give area code) 530-283-2130		Fax Number (give area code) 530-283-0159
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-760			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Paxton, Plumas County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Emergency Replacement of Damaged Community Water Tank		
13. PROPOSED PROJECT Start Date: 7/1/04 Ending Date: 10/30/04			14. CONGRESSIONAL DISTRICTS OF: a. Applicant John Doolittle b. Project Same		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	47,068.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/8/04		
b. Applicant	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	.00			
g. TOTAL	\$	47,068.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Peter		Middle Name	
Last Name Dryer		Suffix			
b. Title Chairman, Board of Directors, Feather River Canyon Community Services District		c. Telephone Number (give area code) 530-283-2130			
d. Signature of Authorized Representative		e. Date Signed			

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 8, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: Merced County		Organizational Unit: Department of Public Works
Address (give city, county, State, and zip code): 715 Martin Luther King Jr. Way Merced, CA 95340		Name and telephone number of person to be contacted on matters involving this application (give area code): Mike Edwards (209) 385-7602

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000521	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 20px; float: right;">B</div>
---	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	9. NAME OF FEDERAL AGENCY: USDA
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: _____	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Planada Community Hall Re-roof
---	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated area of Planada	
--	--

13. PROPOSED PROJECT Start Date: 9/1/04 Ending Date: 9/1/05	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 18 b. Project: 18
--	--

15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td>a. Federal</td> <td>\$ 13,300⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 11,700⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$ ⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$ ⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$ ⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$ ⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 25,000⁰⁰</td> </tr> </table>	a. Federal	\$ 13,300 ⁰⁰	b. Applicant	\$ 11,700 ⁰⁰	c. State	\$ ⁰⁰	d. Local	\$ ⁰⁰	e. Other	\$ ⁰⁰	f. Program Income	\$ ⁰⁰	g. TOTAL	\$ 25,000 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/09/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 13,300 ⁰⁰														
b. Applicant	\$ 11,700 ⁰⁰														
c. State	\$ ⁰⁰														
d. Local	\$ ⁰⁰														
e. Other	\$ ⁰⁰														
f. Program Income	\$ ⁰⁰														
g. TOTAL	\$ 25,000 ⁰⁰														

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
---	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Paul A. Fillebrown	b. Title Public Works Director	c. Telephone Number (209) 385-7602
d. Signature of Authorized Representative 		e. Date Signed 6.9.04

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 8, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Oroville		Organizational Unit: Governmental	
Address (give city, county, State, and zip code): 1735 Montgomery Street, Oroville, CA 95965		Name and telephone number of person to be contacted on matters involving this application Pat Clark-Griffin 530-538-2403	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000387		7. TYPE OF APPLICANT: (enter appropriate letter in box) C	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-773		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
TITLE: AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Oroville		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Industrial Unit #3 Infrastructure Study	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/15/04	Ending Date 10/15/06	a. Applicant 2	b. Project 2
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 75,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/08/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 82,500.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 157,500.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Sharon L. Atteberry		b. Title City Administrator	c. Telephone Number (530) 538-2420
Signature of Authorized Representative		e. Date Signed 6/8/04	

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 8, 2004	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier EPA Tracking # R9 03-342 ID# XP-97965301	
5. APPLICANT INFORMATION				
Legal Name: City of Whittier, CA		Organizational Unit: Department: Department of Public Works Division:		
Organizational DUNS: 07 724 2279		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Address: Street: 13230 Penn Street		Prefix: Mr.		
City: Whittier		First Name: David		
County: Los Angeles		Middle Name		
State: CA		Last Name Mochizuki		
Country: USA		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000812		Email:		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) Amendment #1		Phone Number (give area code) (562) 464-3510		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606		Fax Number (give area code) (562) 464-3588		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Whittier, Los Angeles County, CA		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)		
13. PROPOSED PROJECT Start Date: September 10, 2003 Ending Date: September 30, 2007		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
15. ESTIMATED FUNDING:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sewer System Infrastructure Improvements - Replacement Pipelines, and Preparation of a Sewer Master Plan		
a. Federal	\$ 385,700	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 42nd, 39th, and 38th		
b. Applicant	\$ 315,573	b. Project CA 39th		
c. State	\$	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
d. Local	\$	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
e. Other	\$	DATE:		
f. Program Income	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
g. TOTAL	\$ 701,273	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative		c. Telephone Number (give area code) (562) 464-3301		
Prefix Mr.	First Name Stephen	b. Date Signed		
Last Name Holvey				
b. Title City Manager				
d. Signature of Authorized Representative				

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier 04-314	
<input type="checkbox"/> Construction	Pro-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION	
Legal Name: CITY OF ROSEVILLE	Organizational Unit: Department: ENVIRONMENTAL UTILITIES
Organizational DUNS: 078119643	Division: WATER DIVISION
Address: Street: 2005 HILLTOP CIRCLE	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: ROSEVILLE	Prefix: MR.
County: PLACER	First Name: DERRICK
State: CA	Middle Name: H
Zip Code: 95743	Last Name: WHITEHEAD
Country: U.S.A.	Suffix:
Email: dwhitehead@roseville.ca.us	
Phone Number (give area code) (916) 774-5593	
Fax Number (give area code) (916) 774-5690	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000409		7. TYPE OF APPLICANT: (See back of form for Application Types) C - MUNICIPALITY Other (specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. EPA, REGION 9, CHERYL FILART	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CITY OF ROSEVILLE WATER TANK REPLACEMENT PROJECT	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF ROSEVILLE, CITY OF ROCKLIN		13. PROPOSED PROJECT Start Date: OCTOBER 1, 2004 Ending Date: JULY 1, 2006	
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4TH DISTRICT b. Project 4TH DISTRICT	
a. Federal	\$ 337,500	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: JUNE 14, 2004 b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 278,138	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
c. State	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
d. Local	\$	a. Authorized Representative Prefix: MR.	
e. Other	\$	First Name: W.	
f. Program Income	\$	Middle Name: CRAIG	
g. TOTAL	\$ 613,638	Last Name: ROBINSON	
		b. Title: CITY MANAGER	
		c. Telephone Number (give area code) (916) 774-5353	
		d. Date Signed 6/10/04	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/15/04	Applicant Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier R9 Tracking #04-137
5. APPLICANT INFORMATION			
Legal Name: City of Vallejo		Organizational Unit: City	
Organizational DUNS: 145969569		Department: Public Works	
Address: Street: 555 Santa Clara Street		Division: Engineering	
City: Vallejo		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Solano		Prefix: Mr. First Name: Gary	
State: CA		Middle Name: A.	
Country: USA		Last Name: Leach	
Zip Code: 94590		Suffix:	
Employer Identification Number (EIN):		Email: gleach@ci.vallejo.ca.us	
Tax ID #		Phone Number (give area code): (707) 648-4316	
6. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Fax Number (give area code): (707) 648-4691	
Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-6006		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Upgrade & rehab 6 sewage pump stations & relocate less than 2500 linear feet of 18" force main on Mare Island for redevelopment	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): former Mare Island Naval Shipyard, Vallejo, Solano, CA, USA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA District 7 b. Project CA District 7	
13. PROPOSED PROJECT Start Date: 10/1/04 Ending Date: 12/30/06		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ 337,500 b. Applicant \$ 276,136 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 613,636		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: Mr. First Name: Otto Middle Name: William Last Name: Giuliani Suffix:		c. Telephone Number (give area code): (707) 648-4576	
b. Title: Interim City Manager		e. Date Signed: 6/11/04	
d. Signature of Authorized Representative: <i>[Signature]</i>			

DOT

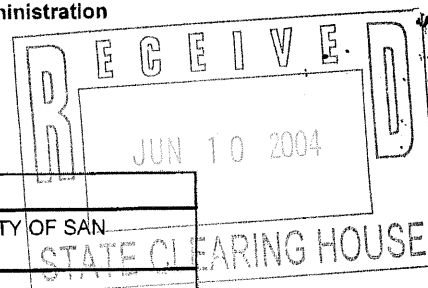


FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance



Recipient ID:	1697
Recipient Name:	MUNICIPAL TRANSPORTATION AGENCY/CITY AND COUNTY OF SAN FRANCISCO
Project ID:	CA-03-0673-00
Budget Number:	1 - Budget Pending Approval
Project Information:	Muni's FY 2004 Section 5309 FG Grant

Part 1: Recipient Information

Project Number:	CA-03-0673-00
Recipient ID:	1697
Recipient Name:	MUNICIPAL TRANSPORTATION AGENCY/CITY AND COUNTY OF SAN FRANCISCO
Address:	401 VanNess Ave ROOM 334, SAN FRANCISCO, CA 94102 0000
Telephone:	(415) 554-4123
Facsimile:	(415) 987-7245

Union Information

Recipient ID:	1697
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave.
Address 2:	
City:	Washington, dc 20016 0000
Contact Name:	James La Sala
Telephone:	
Facsimile:	

Recipient ID:	1697
Union Name:	TRANSPORT WORKERS UNION
Address 1:	80 West End Ave.
Address 2:	
City:	New York, NY 10023 0000
Contact Name:	Frank McCann
Telephone:	
Facsimile:	

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$33,100,499
Project Number:	CA-03-0673-00	Adjustment Amt:	\$0
Project Description:	Muni's FY 2004 Section 5309 FG Grant	Total Eligible Cost:	\$33,100,499
Recipient Type:	City	Total FTA Amt:	\$26,513,880
FTA Project Mgr:	Jeffrey Davis	Total State Amt:	\$0

Recipient Contact:	Jerry Levine	Total Local Amt:	\$6,586,019
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jul. 01, 2004 - Dec. 30, 2008	Est. Oblig Date:	None Specified
Recvd. By State:	May. 27, 2004	Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan):	Apr. 01, 2004		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60060	SAN FRANCISCO-OAKLAND, CA

Congressional Districts

State ID	District Code	District Official
6	8	Nancy Pelosi
6	12	Tom Lantos

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

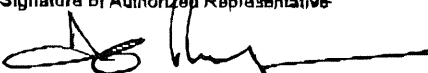
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier R9 Tracking #04-338	
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier	
5. DATE RECEIVED BY FEDERAL AGENCY		6. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
7. APPLICANT INFORMATION					
Legal Name: CITY OF BELL			Organizational Unit: Department: PUBLIC WORKS DEPARTMENT		
Organizational DUNS: No. 09-599-6328			Division:		
Address: Street: 6330 PINE AVENUE City: BELL County: LOS ANGELES State: CA Country: USA			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: CARLOS Middle Name: Last Name: ALVARADO Suffix: Email: RSCCENG@aol.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 93-6000677			Phone Number (give area code) (626) 960-1889		
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) MUNICIPAL Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606			9. NAME OF FEDERAL AGENCY: U.S. ENVIRONMENTAL PROTECTION AGENCY		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF BELL			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: BELL - SANITARY SEWER REHABILITATION PROJECT		
13. PROPOSED PROJECT Start Date: MARCH 2005 Ending Date: JUNE 2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 33 b. Project 33		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 192,900.00			a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$ 157,827.00			DATE:		
c. State \$			b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 350,727.00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
9. AUTHORIZED REPRESENTATIVE					
Prefix		First Name ROBERT		Middle Name	
Last Name RIZZO				Suffix	
b. Title CHIEF ADMINISTRATIVE OFFICER				c. Telephone Number (give area code) (323) 588-6211	
d. Signature of Authorized Representative				e. Date Signed	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Pre-application <input type="checkbox"/> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 9, 2004		Applicant Identifier R9 Tracking #04-338	
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: CITY OF BELL		Organizational Unit: Department: PUBLIC WORKS DEPARTMENT		Division:	
Organizational DUNS: No. 09-599-6328		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: CARLOS		Middle Name	
Address: Street: 6330 PINE AVENUE		Last Name: ALVARADO		Suffix:	
City: BELL		Email: RSCCENGR@aol.com		Phone Number (give area code) (626) 960-1889	
County: LOS ANGELES		Fax Number (give area code) (626) 960-9002		7. TYPE OF APPLICANT: (See back of form for Application Types) MUNICIPAL	
State: CA Zip Code: 90201-3221		8. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000677		Other (specify)	
Country: USA		9. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		8. NAME OF FEDERAL AGENCY: U.S. ENVIRONMENTAL PROTECTION AGENCY	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: BELL -- SANITARY SEWER REHABILITATION PROJECT.		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF BELL	
13. PROPOSED PROJECT Start Date: MARCH 2005 Ending Date: JUNE 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 33 b. Project 33		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 9, 2004 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
16. ESTIMATED FUNDING: a. Federal \$ 192,900.00 b. Applicant \$ 157,827.00 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 350,727.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative Prefix: First Name: ROBERT Middle Name: Last Name: RIZZO Suffix:		c. Telephone Number (give area code) (323) 588-6211		d. Date Signed June 9, 2004	
b. Title: CHIEF ADMINISTRATIVE OFFICER		e. Signature of Authorized Representative			

FEDERAL ASSISTANCE		Applicant Identifier N/A															
1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 	State Applicant Identifier N/A														
		4. DATE RECEIVED BY FEDERAL AGENCY 	Federal Identifier N/A														
5. APPLICANT INFORMATION																	
Legal Name: West Covina, City of		Organizational Unit: Police Department															
Organizational DUNS: 071914824		Division: Admin.															
Address (give city, county, state, and zip code): 1444 West Garvey Avenue West Covina, CA 91790		Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Alex Houston Phone: (626) 939-8536															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 956000810		7. TYPE OF APPLICANT: (enter appropriate letter in box) C															
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 1 6 . 7 1 0 </div> TITLE: 2004 Technology Initiative		9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services															
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): West Covina, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Police Station Security Improvements															
13. PROPOSED PROJECT: Start Date: 1/23/2004 Ending Date: 1/22/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 31st (CA) b. Project: 31st (CA)															
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 197895.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$.00</td> </tr> <tr> <td>c. State</td> <td>\$.00</td> </tr> <tr> <td>d. Local</td> <td>\$.00</td> </tr> <tr> <td>e. Other</td> <td>\$.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 197,895.00</td> </tr> </table>		a. Federal	\$ 197895.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$ 197,895.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 6/9/2004 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 197895.00																
b. Applicant	\$.00																
c. State	\$.00																
d. Local	\$.00																
e. Other	\$.00																
f. Program Income	\$.00																
g. TOTAL	\$ 197,895.00																
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No																	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Typed Name of Authorized Representative Andrew G. Pasmant		b. Title City Manager															
c. Telephone number (626) 939-8401		d. Signature of Authorized Representative 															
		e. Date Signed 6/9/2004															

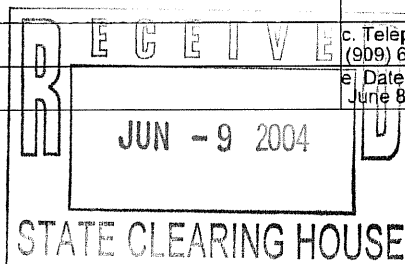
APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED: JUNE 4, 2004	Applicant Identifier V-999252-05-0
Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: DEPARTMENT of TOXIC SUBSTANCES CONTROL		Organizational Unit: SITE MITIGATION PROGRAM	
Address (give city, county, state, and zip code): 1001 I STREET, 11th FLOOR P.O. BOX 806 SACRAMENTO, CALIFORNIA 95812-0806		Name and telephone number of the person to be contacted on matters involving this application (give area code): CAROL O'BRYANT (916) 323-3372	
6. EMPLOYER IDENTIFICATION (EIN): <u>66-0281381</u>		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>A</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):	
8. TYPE OF APPLICATION: new <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:		9. NAME OF FEDERAL AGENCY: REGION IX U.S. ENVIRONMENTAL PROTECTION AGENCY	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66-802</u> TITLE: SUPERFUND STATE SITE		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: PRELIMINARY ASSESSMENT/SITE INSPECTION DUNS #949010870	
12. AREAS AFFECTED BY PROJECT (CITIES, COUNTIES, STATES, ETC.) STATEWIDE CALIFORNIA		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN - 9 2004 STATE CLEARING HOUSE </div>	
13. PROPOSED PROJECT:			
Start Date 07/01/2004	End Date 06/30/2006	14. CONGRESSIONAL DISTRICT OF: a. Applicant: DISTRICT 3 & 4 CALIFORNIA b. Project: STATEWIDE	
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal*	\$ 1,000,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE _____	
b. Applicant	\$	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 1,000,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Name of Authorized Representative: DOROTHY RICE		b. Title: DEPUTY DIRECTOR	c. Telephone No. (916) 323-3576
d. Signature of Authorized Representative <i>Dorothy Rice</i>		c. Date Signed 6-9-07	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 9, 2004	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: March Joint Powers Authority		Organizational Unit: Department: March Joint Powers Authority		
Organizational DUNS: 799839428		Division:		
Address: Street: P.O. Box 7480		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Moreno Valley		Prefix: Ms.	First Name: Lori	
County: Riverside		Middle Name M.		
State: CA		Last Name Stone		
Zip Code 92552		Suffix:		
Country: USA		Email: stone@marchjpa.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0579359		Phone Number (give area code) (909) 656-7000		Fax Number (give area code) (909) 653-5558
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 11-307		9. NAME OF FEDERAL AGENCY: Economic Development Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities of Moreno Valley, Perris, Riverside and County of Riverside, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Asbestos removal/disposal followed by building demolition to enable economic development of former military base.		
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: Congressman Ken Calvert, 44 a. Applicant March Joint Powers Authority b. Project Arnold Heights		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 950,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 9, 2004		
b. Applicant	\$ 105,555	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 1,055,555			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Philip	Middle Name A.		
Last Name Rizzo	Suffix			
b. Title Executive Director	c. Telephone Number (give area code) (909) 656-7000			
d. Signature of Authorized Representative <i>Philip A. Rizzo</i>	e. Date Signed June 8, 2004			

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/10/04	Applicant Identifier
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: American Lung Association of San Diego and Imperial Counties		Organizational Unit: Department:	
Organizational DUNS: 161169263 (161169263)		Division: San Diego County	
Address: Street: 2750 Fourth Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Jan	
City: San Diego		Middle Name: H.	
County: San Diego		Last Name: Cortez	
State: CA		Suffix: M.P.H.	
Zip Code: 92103		Email: Jan@lungsandiego.org	
Country: United States			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1644627		Phone Number (give area code) 619-297-3901	Fax Number (give area code) 619-297-8402
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) Not-for-Profit Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Environmental Justice Grants		9. NAME OF FEDERAL AGENCY: U.S. EPA, Region IX	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mid City Chollas Park and Dump Site Research Project	
13. PROPOSED PROJECT Start Date: 7/1/04 Ending Date: 6/30/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 49-52 b. Project 49th	
15. ESTIMATED FUNDING: a. Federal \$10,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$10,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/10/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix Ms. First Name Janie Middle Name Last Name Davis Suffix		c. Telephone Number (give area code) 619-297-3901	
b. Title President & CEO d. Signature of Authorized Representative [Signature]		e. Date Signed 6/10/04	

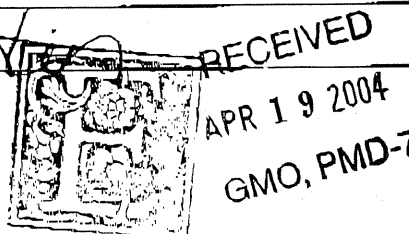
Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

STATE CLEARING HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>		2. DATE SUBMITTED 4/15/04	Applicant Identifier 03-040
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Augustine Band of Cahuilla Mission Indians		Organizational Unit: Tribal EPA	
Address (give city, county, state and zip code): Augustine Indian Reservation P.O. Box 846 Coachella, CA 92236 DUNS#		Name and telephone number of the person to be contacted on matters involving this application (give area code): Karen Kupsche Ron Cordes / Tia (760)365-1373 369-7171	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 114066975 9 3 - 1 1 3 6 4 6 2		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> k A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 - 4 1 9 TITLE: Clean Water Act section 106		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Augustine Band Of Cahuilla Mission Indians Water Pollution Control Program (Section 106) 40# = \$ 29,791	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Augustine Indian Reservation Coachella, Riverside County, California			
13. PROPOSED PROJECT: Start Date: 10/01/04 Ending Date: 09/30/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 44 b. Project 44	
15. ESTIMATED FUNDING: a. Federal \$ 60,000.00 b. Applicant 5% \$ 3,158.00 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 63,158.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6/7/04 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative: MaryAnn Martin		b. Title: Tribal Chairperson	
c. Telephone Number: (760)369-7171		d. Signature of Authorized Representative: 	
e. Date Signed: 4/16/04			

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (REV 4-82)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

COPY

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 2, 2004		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT INFORMATION					
Legal Name: San Diego Youth & Community Services			Organizational Unit: Department: Coastal Communities Center		
Organizational DUNS: 11-386-7105			Division:		
Address: Street: 3255 Wing Street			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Walter Middle Name: Last Name: Philips Suffix: LCSW Email: wphilips@sdycs.org		
City: San Diego			Phone Number (give area code): 619 221-8600 x225		
County: San Diego			Fax Number (give area code): 619 221-8611		
State: CA			Zip Code: 92110		
Country: United States			Employer Identification Number (EIN): 95-2648050		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2648050			7. TYPE OF APPLICANT: (See back of form for Application Types) 0 - Not-for-Profit organization Other (specify):		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):			9. NAME OF FEDERAL AGENCY: DHHS/Adm for Children & Family		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Community Food & Nutrition Program		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of San Diego			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 53 b. Project: 53		
13. PROPOSED PROJECT Start Date: 10/1/2004 Ending Date: 9/30/2005			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 50,000.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 50,000.00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix Mr. First Name Walter Middle Name Last Name Philips Suffix LCSW b. Title Executive Director/CEO c. Telephone Number (give area code) 619 221 8600 x225 d. Signature of Authorized Representative <i>Walter Philips</i> e. Date Signed June 2, 2004					

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval NO. 0348-0043

2. DATE SUBMITTED

Applicant Identifier

LCR No.: 2004-05

April 22, 2004

1. TYPE OF SUBMISSION
Application

Preapplication

- ◆ Construction
☐ Non-Construction

- ☐ Construction
☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL
AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: RICHGROVE COMMUNITY SERVICES DISTRICT

Organizational Unit:

Special District

Address (give city, county, State, and zip code):

20986 Grove Drive
P.O. Box 86
Richgrove CA. 93261

Name and telephone number of person to be contacted on matters involving this application (give area code)

WILLIAM HAYTER, PROJECT COORDINATOR
Tulare County Redevelopment Agency
TELE. NO.: (559)-733-6291 EXT. 4302 FAX: (559)-730-2591

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 2 8 0 1 4 9 0

7. TYPE OF APPLICANT: (enter appropriate letter in box)

G.

8. TYPE OF APPLICATION:

- ◆ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(s) ☐ ☐

- A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

- A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special N. Other (Specify) _____
District

9. NAME OF FEDERAL AGENCY:

U.S. DEPARTMENT OF AGRICULTURE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 - 7 6 0

TITLE: WATER AND WASTE DISPOSAL SYSTEMS FOR
RURAL COMMUNITIES

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Storm Water Drainage and Air Quality Project: This project concerns the construction of concrete curbs, gutters, paveouts, cross gutters, pipelines and retention basins necessary to provide a complete

Community-wide storm water runoff collection and disposal facility to reduce health and safety hazards and local flooding in winter and dust mitigation in summer.

13. PROPOSED PROJECT
STORMWATER DRAINAGE AND
RELATED IMPROVEMENTS

14. CONGRESSIONAL DISTRICTS OF:
DEVIN NUNES, 21st DISTRICT

Start Date
9/2005

Ending Date
9/2006

a. Applicant
RICHGROVE COMMUNITY SERVICES DISTRICT

b. Project
RICHGROVE STORMWATER DRAINAGE and AIR
QUALITY PROJECT

15. ESTIMATED FUNDING:

a. Federal RUS	\$	2,760,059
b. Applicant	\$	
c. State - Comm. Dev. Block Grant	\$	35,000
d. Local - TCRA	\$	34,293
e. Other (CMAQ)	\$	2,382,532
f. Program Income	\$	
g. TOTAL	\$	5,701,884

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 1237 PROCESS?

- a. YES. THIS APPLICATION/ APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: April, 22, 2004
- b. No. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

- ☐ Yes If "Yes," attach an explanation ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative
Mary Lou Delgado

b. Title
President

c. Telephone Number
(661) 725-5632

d. Signature of Authorized
Mary Lou Delgado

e. Date Signed
April 21, 2004

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 6, 2004		Applicant Identifier	
<input checked="" type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: Earlilmart Village Partners, a California Limited Partnership			Organizational Unit: Department: Multi-Family Housing		
Organizational DUNS: 056179906 for Self-Help Enterprises, General Partner			Division: Visalia		
Address: Street: 8445 W. Elwin Court, P.O. Box 6520, 93290			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Visalia			Prefix: Mr.		First Name: Doug
County: Tulare			Middle Name		
State: California			Last Name Pingel		
Zip Code 93290			Suffix:		
Country: United States of America			Email: doug@selfhelpenterprises.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1592676 for Self-Help Enterprises			Phone Number (give area code) 559.651.1000 Ext. 651		Fax Number (give area code) 559.651.3634
8. TYPE OF APPLICATION: General Partner <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) N. Limited Partnership Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Section 515, Rural Rental Housing Loan Program			9. NAME OF FEDERAL AGENCY: USDA, Rural Housing Services		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community of Earlilmart, County of Tulare, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of a 44-unit rental project with community room and facilities.		
13. PROPOSED PROJECT Start Date: Dec. 1, 2004 Ending Date: Dec. 1, 2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 21		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal USDA, RD 515 \$ 1,000,000.00			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 15, 2004		
b. Applicant \$ 450,000.00			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State State of Calif. HCD HOME \$ 921,660.00			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other State and Fed. Tax Credits \$ 5,531,340.00			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$					
g. TOTAL \$ 7,903,000.00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Peter		Middle Name N.	
Last Name Carey		Suffix			
b. Title President / CEO, Self-Help Enterprises, General Partner of Earlilmart Village Partners				c. Telephone Number (give area code) 559.651.1000	
d. Signature of Authorized Representative				e. Date Signed April 2, 2004	

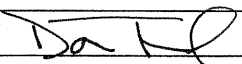
Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 19, 2004 (Revised May 26, 2004)		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION																								
Legal Name:		Organizational Unit:																						
City of Watsonville		Department: Airports																						
Organizational DUNS: 030414994		Division:																						
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)																						
Street: 100 Aviation Way		Prefix: Mr.	First Name: Donald																					
City: Watsonville		Middle Name E.																						
County: Santa Cruz		Last Name French																						
State: California	Zip Code 95076	Suffix:																						
Country: USA		Email: dfrench@ci.watsonville.ca.us																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000451		Phone Number (give area code) (831) 728-6075	Fax Number (give area code) (831) 763-4058																					
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) [B] [] Other (specify) Revise Scope of Work		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Watsonville, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Watsonville Municipal Airport, Watsonville, Santa Cruz County, California Relocate Access Road (60' x 1,800') Underground Utilities - Relocate Threshold Runway 20 Engineering Design - North Parallel T/W to R/W 8-26; T/W J from R/W 2-20 to R/W 8; Rehabilitate Apron Phase 1																						
13. PROPOSED PROJECT Start Date: 2004 Ending Date: 2004		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17 b. Project 17																						
15. ESTIMATED FUNDING: <table border="1"> <tr> <td>a. Federal</td> <td>\$</td> <td>1,396,500.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>73,500.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>1,470,000.00</td> </tr> </table>		a. Federal	\$	1,396,500.00	b. Applicant	\$	73,500.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	1,470,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 30, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	1,396,500.00																						
b. Applicant	\$	73,500.00																						
c. State	\$.00																						
d. Local	\$.00																						
e. Other	\$.00																						
f. Program Income	\$.00																						
g. TOTAL	\$	1,470,000.00																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																						
Prefix Mr.		First Name Donald		Middle Name E.																				
Last Name French		Suffix		c. Telephone Number (give area code) (831) 728-6075																				
b. Title Airport Manager		e. Date Signed		52804																				
d. Signature of Authorized Representative																								

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 2, 2004	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Non-Construction				
5. APPLICANT INFORMATION				
Legal Name: Fresno County Economic Opportunities Commission (FCEOC)		Organizational Unit: Department: Sanctuary Youth Project		
Organizational DUNS: 07-878-8023		Division: Same		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 1920 Mariposa Mall, Suite 300		Prefix: Mrs.	First Name: Lucianna	
City: Fresno		Middle Name		
County: Fresno		Last Name Ventresca		
State: California	Zip Code 93721	Suffix:		
Country: U.S.A.		Email: Lucianna.Ventresca@fresnoeoc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1606519		Phone Number (give area code) (559) 498-8543, ext. 110		Fax Number (give area code) (559) 498-8519
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571		9. NAME OF FEDERAL AGENCY: US Department of Health & Human Services, ACF, OCS		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno City and Fresno County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FCEOC Sanctuary Community Food & Nutrition Program		
13. PROPOSED PROJECT Start Date: September 30, 2004 Ending Date: September 29, 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20 b. Project 18, 19, 20, 21		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 50,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 3, 2004		
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 50,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Roger	Middle Name		
Last Name Palomino		Suffix		
b. Title FCEOC Executive Director		c. Telephone Number (give area code) (559) 263-1010		
d. Signature of Authorized Representative 		e. Date Signed June 1, 2004		

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 29, 2004		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT INFORMATION					
Legal Name: City of Lindsay			Organizational Unit: Department:		
Organizational DUNS: 004953281			Division:		
Address: Street: 251 E. Honolulu City: Lindsay County: Tulare State: CA Zip Code: 93247			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Scot Middle Name: B. Last Name: Townsend Suffix:		
Country: USA			Email: scotttownsend@lindsay.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000357			Phone Number (give area code) 559-562-7103		Fax Number (give area code) 559-562-7100
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):			7. TYPE OF APPLICANT: (See back of form for Application Types) C - Municipal Other (specify):		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-769			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lindsay, Tulare County, California, USA.			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Address: 104 Apia, Lindsay, CA - APN # 205-235-014 Required off-site improvements to assist in business property development.		
13. PROPOSED PROJECT Start Date: Oct. 2004 Ending Date: Feb. 2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 21		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal USDA \$ 44,266			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/29/04		
b. Applicant \$ 15,500			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$					
g. TOTAL \$ 59,766					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name Scot		Middle Name B.	
Last Name Townsend		Suffix			
b. Title City Manager		c. Telephone Number (give area code) 559-562-7103			
d. Signature of Authorized Representative		e. Date Signed March 26, 2004			

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval NO. 0348-0043

Applicant Identifier

LCR No.: 2004-06

2. DATE SUBMITTED

April 22, 2004

1. TYPE OF SUBMISSION
Application

Preapplication

◆ Construction
☐ Non-Construction

☐ Construction
☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL
AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: RICHGROVE COMMUNITY SERVICES DISTRICT

Organizational Unit: SPECIAL DISTRICT

Address (give city, county, State, and zip code):

20986 Grove Drive
P.O. Box 86
Richgrove CA. 93261

Name and telephone number of person to be contacted on matters involving this application (give area code)
WILLIAM HAYTER, PROJECT COORDINATOR
Tulare County Redevelopment Agency
TELE. NO.: (559)-733-6291 EXT. 4302 FAX: (559)-730-2591

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 2 8 0 1 4 9 0

8. TYPE OF APPLICATION:

◆ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(s) ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

G.

A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special N. Other (Specify) _____
District

9. NAME OF FEDERAL AGENCY:

U.S. DEPARTMENT OF AGRICULTURE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 - 7 6 6

TITLE: COMMUNITY FACILITES LOANS AND GRANTS

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Richgrove Phase 2 Storm Water, Air Quality & Recreation Project: This project concerns the construction of all weather safe access from residential areas to elementary schools and bus stops, mitigation of road side dust (PM10) and provides for development of a community recreational facility within the storm water ponding basin proposed for funding under the USDA-RUS program and a Congestion Management & Air Quality grant.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Richgrove, CA

13. PROPOSED PROJECT
STORMWATER DRAINAGE AND
RELATED IMPROVEMENTS

14. CONGRESSIONAL DISTRICTS OF:
DEVIN NUNES, 21st DISTRICT

Start Date
9/2005

Ending Date
9/2006

a. Applicant
RICHGROVE COMMUNITY SERVICES DISTRICT

b. Project
RICHGROVE STORMWATER, AIR QUALITY &
RECREATION PROJECT

15. ESTIMATED FUNDING:

a. Federal	\$	372,538
b. Applicant	\$	0
c. State	\$	0
d. Local - TCRA	\$	10,500
e. Other (CMAQ)	\$	781,525
f. Program Income	\$	0
g. TOTAL	\$	1,164,463

RECEIVED
JUN 8 2004
STATE CLEARING HOUSE

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 1237 PROCESS?

a. YES. THIS PREAPPLICATION/ APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE April 22, 2004
b. No. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Mary Lou Delgado

b. Title

President

c. Telephone Number

(661) 725-5632

d. Signature of Authorized

e. Date Signed

April 21, 2004

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.7-97)
Prescribed by OMB Circular A-102

April 9, 2004

FY 2004 SP&R Partnership Planning

1. TYPE OF SUBMISSION:

Application

☐ Construction☒ Non-Construction

Preapplication

☐ Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

State Applicant Identifier

94-6001344-C

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

California Department of Transportation

Address (give city, county, State, and zip code):

P. O Box 942874, MS - 32
Sacramento, CA 94274-0001
Sacramento County

Organizational Unit:

Division of Transportation Planning

Name and telephone number of person to be contacted on matters involving this application (give area code) Sharon Scherzinger, Chief

Office of Regional and Interagency Planning
Transportation Planning. (916) 653-3362

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-6001347

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A

- A. State H. Independent School Dist.
B. County I. State controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify) _____

8. TYPE OF APPLICATION:

☐ New ☒ Continuation ☐ RevisionIf Revision, enter appropriate letter(s) in box(es) ☐ ☐

- A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify): _____

9. NAME OF FEDERAL AGENCY:

Department of Transportation
Federal Highway Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

20-515

TITLE: State Planning and Research Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

State of California

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FY 2004/05 Federal Planning & Research Funds
\$1,000,000.00 in FHWA SP&R Funds (Estimate)

13. PROPOSED PROJECT:

FY 2004 OWP Program

14. CONGRESSIONAL DISTRICTS OF:

California Statewide

Start Date

July 1, 2004

Ending Date

June 30, 2005

a. Applicant

Statewide

b. Project

Statewide Planning & Research Studies

15. ESTIMATED FUNDING:

a. Federal	\$	.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE April 9, 2004

- b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

CYNTHIA GOMEZ

b. Title

ACTING CHIEF, OFFICE OF REGIONAL
AND INTERAGENCY PLANNING

c. Telephone Number

(916) 654-2389

d. Signature of Authorized Representative

e. Date Signed

April 9, 2004

DATE SUBMITTED
April 9, 2004
RCH #307
1/04916 653 1447
CH. 53, Sections 5303 and 5313(b)
State Applicant Identifier
94-6001344-C
Federal Identifier

1. TYPE OF SUBMISSION:

☐ Application
Construction☐ Preapplication
Construction☒ Non-Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

5. APPLICANT INFORMATION

Legal Name:

California Department of Transportation

Address (give city, county, State, and zip code):

P. O Box 942874, MS - 32
Sacramento, CA 94274-0001
Sacramento County

Organizational Unit:

Division of Transportation Planning

Name and telephone number of person to be contacted on matters involving
this application (give area code) Sharon Scherzinger, ChiefOffice of Regional and Interagency Planning
Transportation Planning. (916) 653-3362

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-6001347

8. TYPE OF APPLICATION:

☐ New ☒ Continuation ☐ RevisionIf Revision, enter appropriate letter(s) in box(es) ☐ ☐A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A

A. State H. Independent School Dist.
B. County I. State controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify)

9. NAME OF FEDERAL AGENCY:

Department of Transportation
Federal Transit Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

20-514

TITLE: Transit Planning and Research

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

State of California

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FY 2004 49 U.S.C., Chapter 53, Section 5303
Metropolitan Planning Program - \$9,668,139 (Estimate)
FY 2004 49 U.S.C. Chapter 53, Section 5313(b)
State Planning & Research Program - \$1,940,124 (Estimate)

13. PROPOSED PROJECT:

FY 2004 OWP Program

14. CONGRESSIONAL DISTRICTS OF:

California Statewide

Start Date

July 1, 2004

Ending Date

June 30, 2005

a. Applicant

Statewide

b. Project

Statewide Transit Planning

15. ESTIMATED FUNDING:

a. Federal	\$	.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	.00

11,608,263
1,503,974
13,112,237

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
PROCESS FOR REVIEW ON:

DATE April 9, 2004

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE
FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH
THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

CYNTHIA GOMEZ

b. Title

ACTING CHIEF, OFFICE OF REGIONAL
AND INTERAGENCY PLANNING

c. Telephone Number

(916) 654-2389

d. Signature of Authorized Representative

e. Date Signed

April 9, 2004



05-2004-063
provided 5/27/04

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 15, 2004	Applicant Identifier
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Applicant Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: State Center Community College District	Organizational Unit: University Center Export Program
Address (give city, county, state, and zip code): 550 East Shaw Avenue, Suite 155 Fresno, CA 93710	Name and telephone number of person to be contacted on matters involving this application (give area code) Candy Hansen, Project Director, University Center Export Program 1-888-638-7888 (559) 241-6566

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 1 5 7 4 8 0 2

8. TYPE OF APPLICATION:

☐ New ☒ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

--	--

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

I

- | | |
|---------------------|--|
| A. State | H. Independent School Dist. |
| B. County | I. State Controlled Institution of Higher Learning |
| C. Municipal | J. Private University |
| D. Township | K. Indian Tribe |
| E. Interstate | L. Individual |
| F. Intermunicipal | M. Profit Organization |
| G. Special District | N. Other (Specify) |

9. NAME OF FEDERAL AGENCY:

U.S. Department of Commerce
Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 1 3 0 3

TITLE: Economic Development - Technical Assistance

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

University Center Export Program
Technical Assistance - University Center Program

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

See Attached Page

13. PROPOSED PROJECT:

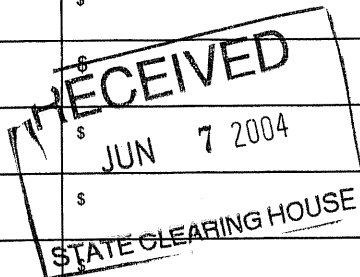
Start Date	Ending Date
7/1/2004	6/30/2005

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
19th	3; 15-20; 37 & 45

15. ESTIMATED FUNDING:

a. Federal	\$	110,000.00
b. Applicant	\$	40,000.00
c. State	\$	.00
d. Local	\$	.00
e. Other		.00
f. Program Income	\$	.00
g. TOTAL	\$	150,000.00



16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE

- b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative Douglas Brinkley	b. Title Vice Chancellor Finance & Admin.	c. Telephone number (559) 244-5910
d. Signature of Authorized Representative		e. Date Signed

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 7th 2004	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Greater Bethany Economic Development Corporation		Department: Headquarters	
Organizational DUNS: 877680538		Division: N/A	
Address: Street: 8401-09 So. Hoover Street City: Los Angeles County: Los Angeles State: California Zip Code: 90044		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Robert Middle Name: E. Last Name: Rubin Suffix:	
Country: usa		Email: trubingb@pacbell.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4288550		Phone Number (give area code) 323 753-8980	Fax Number (give area code) 323 753-7566
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) non-profit faith based organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-670 TITLE (Name of Program): Program Innovation of National Significance		9. NAME OF FEDERAL AGENCY: Dept. of Health & Human Services	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles, Los Angeles, California South Los Angeles, Tract 2383		11. DESCRIPTIVE TITLE OF APPLICANT PROJECT: The Tower Project: Development of a Community Services Center one stop service center serving services toward having a better, healthier lifestyle.	
13. PROPOSED PROJECT Start Date: Sept 2004 Ending Date: Sept 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 35th District of California b. Project Community Service Network	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal HHS	\$ 50,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ 150,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 200,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative		Middle Name	
Prefix Mr.	First Name Robert	E.	
Last Name Rubin		Suffix	
b. Title Executive Director		c. Telephone Number (give area code) 323 753-8980	
d. Signature of Authorized Representative		e. Date Signed June 7th 2004	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application Construction XX Non-construction		Pre-Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 5/25/04	Applicant Identifier CA-03-0654
			3. DATE RECEIVED	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-03-0654
Legal Name: Santa Clara Valley Transportation Authority (SCVTA)			Organizational Unit:	
5. APPLICANT INFORMATION				
Address(give city, county, state and zip code): 3331 North First Street, Bldg. B San Jose, CA 95134			Name and telephone number of the person to be contacted on matters involving this application (give area code) Maria Marinos, Senior Transportation Planner 408-321-5773	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2186907			7. TYPE OF APPLICANT: (enter appropriate letter in box) G A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
8. TYPE OF APPLICATION: XX New <input type="checkbox"/> Continuation Revision If Revision, enter appropriate letter(s) in box(es): A, C A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)			9. NAME OF FEDERAL AGENCY: Federal Transit Administration, Region IX, San Francisco, CA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-500 TITLE: Federal Transit: Capital Grant (Section 5309 Fixed Guideway Program)			11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT SANTA CLARA VALLEY TRANSPORTATION AUTHORITY FY 2004 FTA SECTION 5309 FIXED GUIDEWAY T-SIGNAL RETROFIT PROJECT (CA-03-0654)	
12. AREAS AFFECTED BY PROJECT (cities, countries, states, etc.) Santa Clara County				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date 7/30/2004	Ending Date 6/30/2005	a. Applicant 10, 11, 12, 13, 15, 16, 17		b. Project 10, 11, 12, 13, 15, 16, 17
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$773,364	a. YES, THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW DATE 5/28/03		
b. Applicant	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.Q. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 193,341	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation X No		
f. Program Income	\$			
g. TOTAL	\$ \$966,705			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
A. Typed Name of Authorized Representative Peter M. Cipolla		b. Title General Manager		c. Telephone Number 408-321-5559
d. Signature of Authorized Representative <i>Peter M. Cipolla</i>				e. Date Signed 5/24/04

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

AUTHORIZED FOR LOCAL REPRODUCTION

APPLICATION FOR FEDERAL ASSISTANCE

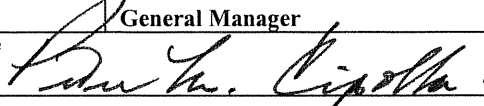
1. TYPE OF SUBMISSION Application Construction XX Non-construction		Pre-Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 5/25/04	Applicant Identifier CA-03-0639-01
			3. DATE RECEIVED	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-03-0639-01
Legal Name: Santa Clara Valley Transportation Authority (SCVTA)			Organizational Unit:	
5. APPLICANT INFORMATION				
Address(give city, county, state, and zip code) 3331 North First Street, Bldg. B San Jose, CA 95134			Name and telephone number of the person to be contacted on matters involving this application (give area code) Maria Marinis, Senior Transportation Planner 408-321-5773	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2186907			7. TYPE OF APPLICANT: (enter appropriate letter in box) G A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A, C A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____			9. NAME OF FEDERAL AGENCY: Federal Transit Administration, Region IX, San Francisco, CA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-500 TITLE: Federal Transit: Capital Grant (Section 5309 New Starts Program)			11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT SANTA CLARA VALLEY TRANSPORTATION AUTHORITY FY 2004 FTA SECTION 5309 NEW STARTS GRANT CA-03-0639 FOR SILICON VALLEY RAPID TRANSIT CORRIDOR PROJECT (ENV/PRELIMINARY ENGINEERING)	
12. AREAS AFFECTED BY PROJECT (cities, countries, states, etc.) Santa Clara County				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date 3/16/2004	Ending Date 4/30/2006	a. Applicant 10, 11, 12, 13, 15, 16, 17		b. Project 10, 11, 12, 13, 15, 16, 17
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$1,968,358	a. YES, THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW DATE 5/15/03		
b. Applicant	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.Q. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 492,090	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 2,460,448			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
A. Typed Name of Authorized Representative Peter M. Cipolla		B. Title General Manager		C. Telephone Number 408-321-5559
D. Signature of Authorized Representative <i>Peter M. Cipolla</i>		E. Date Signed 5/24/04		

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

AUTHORIZED FOR LOCAL REPRODUCTION

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application Construction XX Non-construction		Pre-Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 5/25/04	Applicant Identifier CA-03-0512-03
			3. DATE RECEIVED	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-03-0512-03
Legal Name: Santa Clara Valley Transportation Authority (SCVTA)			Organizational Unit:	
5. APPLICANT INFORMATION				
Address (give city, county, state, and zip code): 3331 North First Street, Bldg. B San Jose, CA 95134			Name and telephone number of the person to be contacted on matters involving this application (give area code) Maria Marinos, Senior Transportation Planner 408-321-5773	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2186907			7. TYPE OF APPLICANT: (enter appropriate letter in box) G A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A, C A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)			9. NAME OF FEDERAL AGENCY: Federal Transit Administration, Region IX, San Francisco, CA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-500 TITLE: Federal Transit: Capital Grant (Section 5309 Bus/Bus Facility Program)			11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT SANTA CLARA VALLEY TRANSPORTATION AUTHORITY FY 2004 FTA SECTION 5309 BUS/BUS FACILITY GRANT FOR PURCHASE OF ZERO EMISSIONS BUSES AND CERONE COMPLEX IMPROVEMENTS (CA-03-0512-03)	
12. AREAS AFFECTED BY PROJECT (cities, countries, states, etc.) Santa Clara County				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date 6/1/1999	Ending Date 12/31/2005	a. Applicant 10, 11, 12, 13, 15, 16, 17		b. Project 10, 11, 12, 13, 15, 16, 17
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$1,669,842	a. YES, THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW DATE 5/28/03		
b. Applicant	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.Q. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 417,461	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 2,087,303			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
A. Typed Name of Authorized Representative Peter M. Cipolla		B. Title General Manager		c. Telephone Number 408-321-5559
d. Signature of Authorized Representative 				e. Date Signed 5/24/04

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

AUTHORIZED FOR LOCAL REPRODUCTION

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application Construction XX Non-construction		Pre-Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 5/25/04	Applicant Identifier CA-03-0635-01
			3. DATE RECEIVED	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-03-0635-01
Legal Name: Santa Clara Valley Transportation Authority (SCVTA)			Organizational Unit:	
5. APPLICANT INFORMATION				
Address(give city, county, state, and zip code): 3331 North First Street, Bldg. B San Jose, CA 95134			Name and telephone number of the person to be contacted on matters involving this application (give area code) Maria Marinos, Senior Transportation Planner 408-321-5773	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2186907			7. TYPE OF APPLICANT: (enter appropriate letter in box) G A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____			9. NAME OF FEDERAL AGENCY: Federal Transit Administration, Region IX, San Francisco, CA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-500 TITLE: Federal Transit: Capital Grant (Section 5309 Bus/Bus Facility Program)			11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT SANTA CLARA VALLEY TRANSPORTATION AUTHORITY FY 2004 FTA SECTION 5309 BUS/BUS FACILITY GRANT FOR PALO ALTO INTERMODAL TRANSIT CENTER (CA-03-0635-01)	
12. AREAS AFFECTED BY PROJECT (cities, countries, states, etc.) Santa Clara County				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date 1/30/2005	Ending Date 12/30/2006	a. Applicant 10, 11, 12, 13, 15, 16, 17		b. Project 10, 11, 12, 13, 15, 16, 17
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$736,695	a. YES, THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW DATE 5/25/04		
b. Applicant	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.Q. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 184,174	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 920,869			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
A. Typed Name of Authorized Representative Peter M. Cipolla		b. Title General Manager		c. Telephone Number 408-321-5559
d. Signature of Authorized Representative <i>Peter M. Cipolla</i>				e. Date Signed 5/24/04

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

AUTHORIZED FOR LOCAL REPRODUCTION

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 2, 2004		Applicant Identifier																						
		3. DATE RECEIVED BY STATE		State Application Identifier																						
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier																						
5. APPLICANT INFORMATION																										
Legal Name: Second Harvest Food Bank of Santa Cruz and San Benito Counties			Organizational Unit: Department: Education and Outreach																							
Organizational DUNS: 602285653			Division:																							
Address: Street: P. O. Box 990 City: Watsonville County: Santa Cruz State: CA Zip Code: 95077			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Rick Middle Name: Alan Last Name: Zinman Suffix:																							
Country: US			Email: rick@thefoodbank.org																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0326685			Phone Number (give area code) 831-722-7110 x221		Fax Number (give area code) 831-722-0435																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="radio"/> O Other (specify)																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571 TITLE (Name of Program): Community Food and Nutrition Program			9. NAME OF FEDERAL AGENCY: Department of Health and Human Services																							
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Santa Cruz County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Food for Work Program																							
13. PROPOSED PROJECT Start Date: 10/1/2004 Ending Date: 9/30/2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 17th District b. Project CA 17th District																							
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>50,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>31,612.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>81,612.00</td> </tr> </table>			a. Federal	\$	50,000.00	b. Applicant	\$	31,612.00	c. State	\$		d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	81,612.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/2/2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	50,000.00																								
b. Applicant	\$	31,612.00																								
c. State	\$																									
d. Local	\$																									
e. Other	\$																									
f. Program Income	\$																									
g. TOTAL	\$	81,612.00																								
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																										
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																										
a. Authorized Representative																										
Prefix Mr.		First Name Willy		Middle Name																						
Last Name Elliott-McCrea		Suffix																								
b. Title Executive Director		c. Telephone Number (give area code) 831-722-7110 x211																								
d. Signature of Authorized Representative		e. Date Signed																								

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 4, 2004		Applicant Identifier																						
		3. DATE RECEIVED BY STATE		State Application Identifier																						
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier																						
5. APPLICANT INFORMATION																										
Legal Name: Great Valley Center			Organizational Unit: Department:																							
Organizational DUNS: 17-954-3616			Division:																							
Address: Street: 201 Needham Street			Name and telephone number of person to be contacted on matters involving this application (give area code)																							
City: Modesto			Prefix: Mrs.		First Name: Carol																					
County: Stanislaus			Middle Name																							
State: California		Zip Code 95354	Last Name Whiteside																							
Country:			Suffix:																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0450770			Email: carol@greatvalley.org		Phone Number (give area code) 209-522-51-3																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not For Profit Other (specify)																							
Other (specify)			9. NAME OF FEDERAL AGENCY: US Department of Agriculture, Rural Development																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Rural Business Opportunity Grant			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Green Building in the Heartland of the Sacramento Valley: Exploring Business and Employment Opportunities																							
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Shasta, Tehama, Butte, Glenn, Colusa Counties			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18 b. Project 2																							
13. PROPOSED PROJECT Start Date: July 1, 2004 Ending Date: June 30, 2005			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																							
15. ESTIMATED FUNDING:			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>48,350.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>14,300.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>39,100.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>101,750.00</td> </tr> </table>			a. Federal	\$	48,350.00	b. Applicant	\$	14,300.00	c. State	\$	0.00	d. Local	\$	0.00	e. Other	\$	39,100.00	f. Program Income	\$	0.00	g. TOTAL	\$	101,750.00	<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background-color: white; border: 2px solid black; transform: rotate(-2deg); display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;"> <p style="font-size: 2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.5em; margin: 0;">JUN 7 2004</p> <p style="font-size: 1.2em; margin: 0;">STATE CLEARING HOUSE</p> </div> </div> </div>		
a. Federal	\$	48,350.00																								
b. Applicant	\$	14,300.00																								
c. State	\$	0.00																								
d. Local	\$	0.00																								
e. Other	\$	39,100.00																								
f. Program Income	\$	0.00																								
g. TOTAL	\$	101,750.00																								
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																										
a. Authorized Representative																										
Prefix: Mrs.		First Name Carol		Middle Name																						
Last Name Whiteside		Suffix		c. Telephone Number (give area code) 209-522-5103																						
b. Title President		d. Signature of Authorized Representative		e. Date Signed 6-02-04																						

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	State Application Identifier
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION			
Legal Name: <i>Willow Ranch Fire Protection District</i>	Organizational Unit: <i>Willow Ranch Volunteer Fire Dept.</i>		
Address (give city, county, State, and zip code): <i>Box 41 55390 Hwy #395</i> <i>New Pine Creek, OR 97635-0041</i>	Name and telephone number of person to be contacted on matters involving this application (give area code) <i>Patti Carpenter (530) 946-4188</i>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 94-6000522 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) N <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <i>FIRE Department</i> </div> </div>		
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> A. Increase Award D. Decrease Duration </div> <div style="width: 30%;"> B. Decrease Award Other(specify): </div> <div style="width: 30%;"> C. Increase Duration </div> </div>			
9. NAME OF FEDERAL AGENCY:			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; margin-right: 50px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 110-766 </div> </div> TITLE:			
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <i>construction of storage facility for Fire Trucks</i>			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States; etc.): <i>New Pine Creek, Willow Ranch</i> <i>Medoc County, CA</i>			
13. PROPOSED PROJECT			
14. CONGRESSIONAL DISTRICTS OF:			
Start Date	Ending Date	a. Applicant	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal <i>How much grant</i>	\$ <i>55,000</i> .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ <i>251</i> .00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ <i>55,251</i> .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative <i>Patti S. Carpenter</i>		b. Title <i>President Fire Commission</i>	
c. Telephone Number <i>(530) 946-4188</i>		e. Date Signed <i>May 31, 2004</i>	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6-4-04		Applicant Identifier R9 Tracking #03-274	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier XP-97965001-1	
5. APPLICANT INFORMATION					
Legal Name: City of Arcadia (Lead Agency for Arcadia and City of Sierra Madre joint grant)			Organizational Unit: Department: Department of Public Works		
Organizational DUNS: 08 219 7278 (Arcadia) 00 494 7388 (Sierra Madre)			Division:		
Address: Street: 240 W. Huntington Drive City: Arcadia County: Los Angeles State: CA Zip Code: 91066-8021			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Pat Middle Name: Last Name: Malloy Suffix: Email:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 95-6000667			Phone Number (give area code) (626) 256-6584		Fax Number (give area code) (626) 358-7028
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) Amendment #1			7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 68-606			9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Arcadia, City of Sierra Madre Los Angeles County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Infrastructure Reliability Projects (Reservoirs, Wells, Pump Stations) and Studies (Well Siting Study, Water Resources Plan)		
13. PROPOSED PROJECT Start Date: September 24, 2003 Ending Date: September 30, 2008			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 28th Congressional Dist. (Dreier) b. Project 26th Congressional Dist. (Dreier)		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 1,591,100			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 4, 2004		
b. Applicant \$ 1,301,809			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$					
g. TOTAL \$ 2,892,909					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name William		Middle Name R.	
Last Name Kelly				Suffix	
b. Title City Manager, City of Arcadia				c. Telephone Number (give area code) (826) 574-5401	
d. Signature of Authorized Representative				e. Date Signed Jun 10 2004	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

DUN 1483858

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6-2-04	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: Darlene Jacobson		Organizational Unit: Real Choices	
Address (give city, county, State, and zip code): 22929 No Tuolumne Road Tuxin Harte, CA 95383		Name and telephone number of person to be contacted on matters involving this application (give area code) Eric Jacobson 209-352-0345	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 00-00000000 N/A	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <input checked="" type="checkbox"/> M </div>
--	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	9. NAME OF FEDERAL AGENCY: OAPP-AFL
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 00-0000 TITLE: _____	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Real Choices Abstinence Education Program
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tuolumne County, CA	

13. PROPOSED PROJECT Real Choices	14. CONGRESSIONAL DISTRICTS OF: 19th
---	--

Start Date: Sep '04 Ending Date: Jun '09 15. ESTIMATED FUNDING: \$71,585 per year; 5 years <table style="width:100%;"> <tr><td>a. Federal</td><td>\$</td><td>37,000</td><td>.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>34,585</td><td>.00</td></tr> <tr><td>c. State</td><td>\$</td><td></td><td>.00</td></tr> <tr><td>d. Local</td><td>\$</td><td></td><td>.00</td></tr> <tr><td>e. Other</td><td>\$</td><td></td><td>.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td></td><td>.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>71,585</td><td>.00</td></tr> </table>	a. Federal	\$	37,000	.00	b. Applicant	\$	34,585	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	71,585	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6-2-04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	37,000	.00																										
b. Applicant	\$	34,585	.00																										
c. State	\$.00																										
d. Local	\$.00																										
e. Other	\$.00																										
f. Program Income	\$.00																										
g. TOTAL	\$	71,585	.00																										

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
--	--	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Eric Jacobson	b. Title Proposal writer	c. Telephone Number 209-352-0345
d. Signature of Authorized Representative 		e. Date Signed 5-28-04

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED		Applicant Identifier	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY JUN - 1 2004		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: South Tulare County Memorial District			Organizational Unit: Department:		
Organizational DUNS: 36-180-0626			Division:		
Address: Street: P.O. Box 10148			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Earlimart			Prefix: Mr.		
County: Tulare			First Name: Joe		
State: CA			Middle Name: Ray		
Zip Code: 93219-0148			Last Name: McPhetridge		
Country:			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6024065			Email:		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			Phone Number (give area code) (559) 757-3870		
Other (specify)			Fax Number (give area code) (559) 757-5403		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766			7. TYPE OF APPLICANT: (See back of form for Application Types) G - Special District		
TITLE (Name of Program): Community Facilities Grant Program			Other (specify)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Earlimart and Richgrove, California			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
13. PROPOSED PROJECT Start Date: 10/1/04 Ending Date: 9/30/05			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Parking lot renovation at Richgrove and Earlimart Veterans Memorial Buildings		
15. ESTIMATED FUNDING:			14. CONGRESSIONAL DISTRICTS OF:		
a. Federal	\$ 87,444		a. Applicant Rep. Devin Nunes		
b. Applicant	\$ 71,545		b. Project Rep. Devin Nunes		
c. State	\$		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
d. Local	\$		a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
e. Other	\$		DATE:		
f. Program Income	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
g. TOTAL	\$ 158,989		<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
a. Authorized Representative			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
Prefix Mr.			First Name Joe		
Last Name McPhetridge			Middle Name Ray		
b. Title Director			Suffix		
d. Signature of Authorized Representative			c. Telephone Number (give area code) (559) 757-3870		
Previous Edition Usable			e. Date Signed 5/26/04		
Authorized for Local Reproduction					

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒

Application

☐

Preapplication

2. Date Submitted

4. HUD Application Number

3. Date and Time Received by HUD

5. Existing Grant Number

6. Applicant Identification Number

7. Applicant's Legal Name

Eskaton

8. Organizational Unit

N/A

9. Address (give city, county, State, and zip code)

A. Address: 5105 Manzanita Avenue

B. City: Carmichael

C. County: Sacramento

D. State: California

E. Zip Code: 95608

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Raymond W. Gee

B. Title: Executive Director, Affordable Housing Group

C. Phone: 916/334-0810

D. Fax: 916/338-1248

E. E-mail: ray@eskaton.org

11. Employer Identification Number (EIN) or SSN

94-2906316

12. Type of Applicant (enter appropriate letter in box)

N

A. State

I. University or College

B. County

J. Indian Tribe

C. Municipal

K. Tribally Designated Housing Entity (TDHE)

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Non-profit

G. Special District

O. Public Housing Authority

H. Independent School District

P. Other (Specify)

13. Type of Application

☒ New ☐ Continuation ☐ Renewal ☐ Revision

If Revision, enter appropriate letters in box(es)

☐ ☐

A. Increase Amount B. Decrease Amount C. Increase Duration

D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

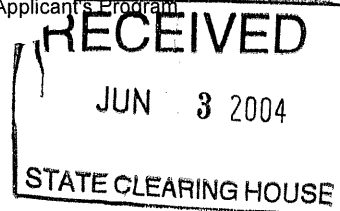
14 --- 181

Title:

Component Title:

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)

16. Descriptive Title of Applicant's Program



18a. Proposed Program start date

18b. Proposed Program end date

19a. Congressional Districts of Applicant
3rd19b. Congressional Districts of
Program 2nd20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes

☒This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6/4/04

B. No

☐

Program is not covered by E.O. 12372

☐

Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?

☒

No

☐

Yes If "Yes," explain below or attach an explanation.

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 202	1,067,733.00	3,000.00							1,070,733.00
									0.00
									0.00
									0.00
									0.00
Grand Totals	1,067,733.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,070,733.00

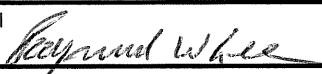
* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

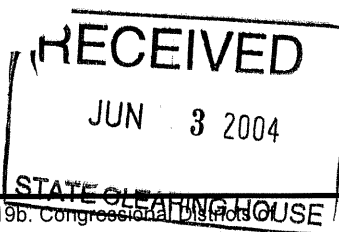
This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official 	Name (printed) Raymond W. Gee
Title Executive Director, Affordable Housing Group	Date (mm/dd/yyyy) 06/04/2004

Application for Federal Assistance

U.S. Department of Housing
and Urban Development

Clearlake Oaks
OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission <input checked="" type="checkbox"/> Application <input type="checkbox"/> Preapplication		2. Date Submitted	4. HUD Application Number
3. Date and Time Received by HUD		5. Existing Grant Number	
6. Applicant Identification Number		7. Applicant's Legal Name <div style="text-align: right;">Eskaton</div>	
8. Organizational Unit <div style="text-align: right;">N/A</div>		9. Address (give city, county, State, and zip code) A. Address: 5105 Manzanita Avenue B. City: Carmichael C. County: Sacramento D. State: California E. Zip Code: 95608	
10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Raymond W. Gee B. Title: Executive Director, Affordable Housing Group C. Phone: 916/334-0810 D. Fax: 916/338-1248 E. E-mail: ray@eskaton.org		11. Employer Identification Number (EIN) or SSN <div style="text-align: right;">94-2906316</div>	
12. Type of Applicant (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District </div> <div> I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify) </div> </div>		13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)	
14. Name of Federal Agency U.S. Department of Housing and Urban Development		15. Catalog of Federal Domestic Assistance (CFDA) Number <div style="text-align: right;">14 --- 181</div>	
16. Descriptive Title of Applicant's Program <div style="text-align: right;">  </div>		17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)	
18a. Proposed Program start date	18b. Proposed Program end date	19a. Congressional Districts of Applicant <div style="text-align: right;">3rd</div>	19b. Congressional Districts of Program <div style="text-align: right;">6th</div>
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date <u>6/4/04</u> B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 202	1,411,137.00	3,000.00							1,414,137.00
									0.00
									0.00
									0.00
									0.00
Grand Totals	1,411,137.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,414,137.00


* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official 		Name (printed) Raymond W. Gee	
Title Executive Director, Affordable Housing Group		Date (mm/dd/yyyy) 06/04/2004	

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒

Application

☐

Preapplication

2. Date Submitted

4. HUD Application Number

3. Date and Time Received by HUD

5. Existing Grant Number

6. Applicant Identification Number

7. Applicant's Legal Name

Eskaton

8. Organizational Unit

N/A

9. Address (give city, county, State, and zip code)

A. Address: 5105 Manzanita Avenue

B. City: Carmichael

C. County: Sacramento

D. State: California

E. Zip Code: 95608

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Raymond W. Gee

B. Title: Executive Director, Affordable Housing Group

C. Phone: 916/334-0810

D. Fax: 916/338-1248

E. E-mail: ray@eskaton.org

11. Employer Identification Number (EIN) or SSN

94-2906316

12. Type of Applicant (enter appropriate letter in box)

N

A. State

I. University or College

B. County

J. Indian Tribe

C. Municipal

K. Tribally Designated Housing Entity (TDHE)

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Non-profit

G. Special District

O. Public Housing Authority

H. Independent School District

P. Other (Specify)

13. Type of Application

☒

New

☐

Continuation

☐

Renewal

☐

Revision

If Revision, enter appropriate letters in box(es)

☐☐

A. Increase Amount B. Decrease Amount C. Increase Duration

D. Decrease Duration E. Other (Specify)

15. Catalog of Federal Domestic Assistance (CFDA) Number

14 --- 181

Title:

Component Title:

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)

14. Name of Federal Agency

U.S. Department of Housing and Urban Development

16. Descriptive Title of Applicant's Program

RECEIVED

JUN 3 2004

STATE CLEARING HOUSE

18a. Proposed Program start date

18b. Proposed Program end date

19a. Congressional Districts of Applicant
3rd19b. Congressional Districts of
Program
4th20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes

☒

This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6/4/04

B. No

☐

Program is not covered by E.O. 12372

☐

Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?

☒

No

☐

Yes If "Yes," explain below or attach an explanation.

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 202	6,082,365.00	3,000.00							6,085,365.00
									0.00
									0.00
									0.00
									0.00
Grand Totals	6,082,365.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00	6,085,365.00


* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official 		Name (printed) Raymond W. Gee	
Title Executive Director, Affordable Housing Group		Date (mm/dd/yyyy) 06/04/2004	

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/04/2004	Applicant Identifier	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Vista Community Clinic		Department: Maternal and Child Health	
Organizational DUNS: 073383754		Division: N/A	
Address: Street: 1000 Vale Terrace		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Vista		Prefix: Ms.	First Name: Barbara
Country: San Diego		Middle Name	
State: CA		Last Name: Mannino	
Zip Code: 92084		Suffix:	
Country: USA		Email: barbara@vistacommunityclinic.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2815615		Phone Number (give area code) (760) 631-5000	Fax Number (give area code) (760) 414-3701
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571		9. NAME OF FEDERAL AGENCY:	
TITLE (Name of Program): Community Food and Nutrition Program - Discretionary Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Habitos Sano	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): North San Diego County, CA		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED JUN 3 2004 </div>	
13. PROPOSED PROJECT Start Date: 10/1/04 Ending Date: 9/30/05			
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 48 b. Project 48	
a. Federal	\$ 50,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/2/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 50,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN ONLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative		b. Title	
Prefix Mr.	First Name Fernando	Middle Name	
Last Name Sanudo		Suffix	
c. Title Director Health Promotion Center		c. Telephone Number (give area code) (760) 631-5000	
d. Signature of Authorized Representative <i>Fernando M. Sanudo</i>		e. Date Signed 6/2/04	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒

Application

☐

Preapplication

2. Date Submitted

4. HUD Application Number

3. Date and Time Received by HUD

5. Existing Grant Number

6. Applicant Identification Number

7. Applicant's Legal Name

Mountain Valley Elder Care

8. Organizational Unit

N/A

9. Address (give city, county, State, and zip code)

A. Address: P. O. Box 1577

B. City: Hayfork

C. County: Trinity

D. State: California

E. Zip Code: 96041

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Larry McCord

B. Title: President

C. Phone: 530/628-9250

D. Fax: 530/728-9270

E. E-mail:

11. Employer Identification Number (EIN) or SSN

91-1930557

12. Type of Applicant (enter appropriate letter in box)

N

A. State

I. University or College

B. County

J. Indian Tribe

C. Municipal

K. Tribally Designated Housing Entity (TDHE)

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Non-profit

G. Special District

O. Public Housing Authority

H. Independent School District

P. Other (Specify)

13. Type of Application

☒ New ☐ Continuation ☐ Renewal ☐ Revision

If Revision, enter appropriate letters in box(es)

☐☐

A. Increase Amount B. Decrease Amount C. Increase Duration

D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency

U.S. Department of Housing and Urban Development

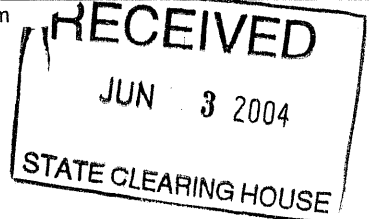
15. Catalog of Federal Domestic Assistance (CFDA) Number

14 --- 181

Title:

Component Title:

16. Descriptive Title of Applicant's Program



17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)

18a. Proposed Program start date

18b. Proposed Program end date

19a. Congressional Districts of Applicant
2nd19b. Congressional Districts of
Program 2nd20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes

☒This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6/4/04

B. No

☐

Program is not covered by E.O. 12372

☐

Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?

☒

No

☐

Yes If "Yes," explain below or attach an explanation.

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 202	1,067,733.00	3,000.00							1,070,733.00
									0.00
									0.00
									0.00
									0.00
Grand Totals	1,067,733.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,070,733.00

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official

Name (printed)

Larry McCord

Title

President

Date (mm/dd/yyyy) 06/04/2004

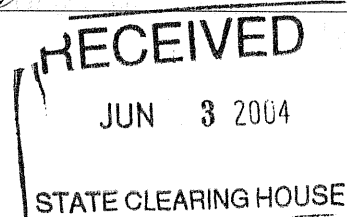
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 28, 2004	Applicant Identifier
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Imperial Valley Food Pantry dba Imperial Valley Food Bank		Organizational Unit: Department: N/A	
Organizational DUNS: IVFB #004611216		Division: N/A	
Address: Street: 329 Applestill Road, Post Office Box 4406		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: 760-370-0966 First Name: Betty	
City: El Centro		Middle Name J.	
County: Imperial		Last Name Cloud	
State: CA	Zip Code 92244	Suffix: N/A	
Country: USA		Email: ivfoodbank@icoe.k12.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0633364		Phone Number (give area code) 760-370-0966	Fax Number (give area code) 760-370-5789
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="radio"/> Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571		9. NAME OF FEDERAL AGENCY: Dept Health & Human Services	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: I.V. FOOD BOXES - A NEW APPROACH TO REACHING THE UNDERSERVED OR UNSERVED POPULATIONS IN IMPERIAL COUNTY.		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): All of Imperial County California	
13. PROPOSED PROJECT Start Date: September 2004 Ending Date: Continuing, but grant funds end Aug 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 51 b. Project District 51	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal CFNP Grant	\$ 41,850.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant Program Revenue	\$ 9,600.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 51,450.00	a. Authorized Representative Prefix N/A First Name Betty Middle Name J.	
b. Title Executive Director		Last Name Cloud Suffix N/A	
c. Telephone Number (give area code) 760-370-0966		d. Signature of Authorized Representative Betty J. Cloud	
e. Date Signed May 28, 2004			

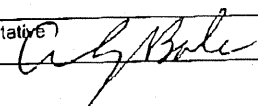
Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

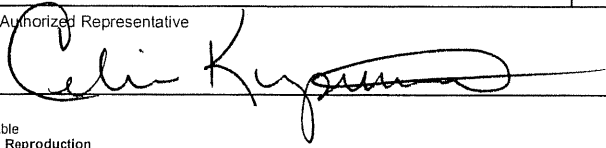


Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/3/04	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Lake Avenue Community Foundation, Inc.			Organizational Unit: Department:	
Organizational DUNS: 134340822			Division:	
Address: Street: 712 East Villa Street			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Andy	
City: Pasadena			Middle Name J.	
County: Los Angeles			Last Name Bales	
State: California		Zip Code 91101	Suffix:	
Country: United States of America			Email: andyb@lakeave.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4847950			Phone Number (give area code) (626) 449-4960	
			Fax Number (give area code) (626) 449-5030	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) 0 - Not-for-profit organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-5711			9. NAME OF FEDERAL AGENCY: Corn Food & Nutrition Prog - Discretionary Grants; Off of Corn Services	
TITLE (Name of Program): Community Food and Nutrition Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Northwest Pasadena Neighborhood Nutritional Education Program	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Northwest Pasadena, Los Angeles County, CA			14. CONGRESSIONAL DISTRICTS OF: a. Applicant Adam B. Schiff, 29th District	
13. PROPOSED PROJECT Start Date: September 2004 Ending Date: September 2005			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/03/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	50,000		
b. Applicant	\$	72,500		
c. State	\$			
d. Local	\$			
e. Other	\$			
f. Program Income	\$			
g. TOTAL	\$	122,500		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix Mr. First Name Andy Last Name Bales			Middle Name J. Suffix	
b. Title Executive Director			c. Telephone Number (give area code) (626) 449-4960	
d. Signature of Authorized Representative 			e. Date Signed 6/3/04	

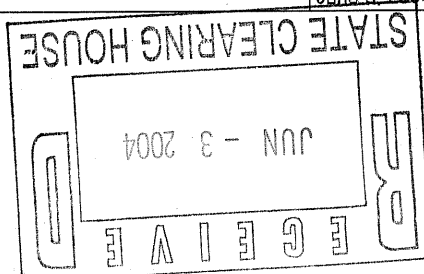
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 24, 2004		Applicant Identifier FTA 9016	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Golden Gate Bridge, Highway and Transportation District			Organizational Unit:		
Address (give city, county, state, and zip code): P.O. Box 9000, Presidio Station San Francisco, CA 94129			Name and telephone number of the person to be contacted on matters involving this application (give area code) Nina Rannells, Capital and Grant Programs Manager (415) 923-2327		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 0 0 9 8			7. TYPE OF APPLICANT: (enter appropriate letter in box) G		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
9. NAME OF FEDERAL AGENCY: Federal Transit Administration					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 . 5 0 0 TITLE: Federal Transit - Capital Investment Grants			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2004 Capital Assistance for various projects including Larkspur Larkspur Dredging, Ferry Major Components Rehabilitation, and Fixed Guideway Connector		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Counties of Marin, San Francisco					
13. PROPOSED PROJECT: Start Date: 07/01/2003 Ending Date: 12/31/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 6 and 8 b. Project: 1, 6, 8, 12			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 2,490,827.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: May 24, 2004			
b. Applicant	\$ 622,707.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
c. State	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$ 0.00				
e. Other	\$ 0.00				
f. Program Income	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL	\$ 3,113,534.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Celia G. Kupersmith		b. Title General Manager		c. Telephone number (415) 923-2203	
d. Signature of Authorized Representative 				e. Date Signed 5/24/04	

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

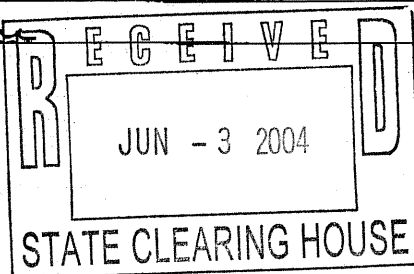
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 3, 2004		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Ukiah Community Center			Organizational Unit: Department: Food Bank		
Organizational DUNS: 073193443			Division:		
Address: Street: 888 North State Street			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Kathleen		
City: Ukiah			Middle Name: Ann		
County: Mendocino			Last Name: Stone		
State: California		Zip Code: 95482	Suffix:		
Country: United States of America			Email: ucced@pacific.net		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 23-7741870			Phone Number (give area code) (707) 462-8879		Fax Number (give area code) (707) 462-0654
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 93-571			9. NAME OF FEDERAL AGENCY: DHHS-ACF/OCS		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ukiah & Willits cities plus many unincorporated areas of Mendocino County, CA.			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Shared Harvest Mendocino: A capacity building project to increase food distribution and nutrition education to low-income and minority individuals in rural Mendocino County, California.		
13. PROPOSED PROJECT Start Date: October 1, 2004 Ending Date: September 30, 2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 01 b. Project 01		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	50,000 ⁰⁰	a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 3 2004		
b. Applicant	\$	71,271 ⁰⁰	b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	185,495 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	⁰⁰			
g. TOTAL	\$	306,766 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: Ms.		First Name: Kathleen		Middle Name: Ann	
Last Name: Stone				Suffix:	
b. Title: Executive Director		c. Telephone Number (give area code): (707) 462-8879			
d. Signature of Authorized Representative: Kathleen A. Stone		e. Date Signed: June 3, 2004			

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

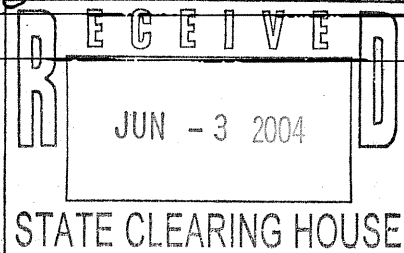
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 3, 2004	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Ukiah Community Center		Organizational Unit: Department: Food Bank	
Organizational DUNS: 073193443		Division:	
Address: Street: 888 North State Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Kathleen	
City: Ukiah		Middle Name Ann	
County: Mendocino		Last Name Stone	
State: California		Suffix:	
Zip Code 95482		Email: ucced@pacific.net	
Country: United States of America		Phone Number (give area code) (707) 462-8879	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 23-7741670		Fax Number (give area code) (707) 462-0654	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571 TITLE (Name of Program):		9. NAME OF FEDERAL AGENCY: DHHS-ACF/OCS	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ukiah & Willits cities plus many unincorporated areas of Mendocino County, CA.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Shared Harvest Mendocino: A capacity building project to increase food distribution and nutrition education to low-income and minority individuals in rural Mendocino County, California.	
13. PROPOSED PROJECT Start Date: October 1, 2004 Ending Date: September 30, 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 01 b. Project 01	
15. ESTIMATED FUNDING: a. Federal \$ 50,000 b. Applicant \$ 71,271 c. State \$ d. Local \$ e. Other \$ 185,495 f. Program Income \$ g. TOTAL \$ 306,766		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 3 2004 b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation, <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix Ms. First Name Kathleen Middle Name Ann Last Name Stone Suffix b. Title Executive Director c. Telephone Number (give area code) (707) 462-8879 d. Signature of Authorized Representative Kathleen A. Stone e. Date Signed June 3, 2004			

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/3/04		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 6/4/04		State Application Identifier 00625251	
		4. DATE RECEIVED BY FEDERAL AGENCY 6/4/04		Federal Identifier 23-7111-782	
5. APPLICANT INFORMATION					
Legal Name: FOOD BANK OF YOLO COUNTY			Organizational Unit: Department: N/A		
Organizational DUNS: 780456778			Division: N/A		
Address: Street: 1244 FORTNA AVENUE			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: JOSE		
City: WOODLAND			Middle Name		
County: YOLO			Last Name MARTINEZ		
State: CALIFORNIA			Suffix:		
Zip Code 95776			Email: JOSEM@FOODBANKYC.ORG		
Country: USA			Phone Number (give area code) (530) 668-0690		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 23-7111782			Fax Number (give area code) (530) 668-8530		
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) 0 Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 78-571			8. NAME OF FEDERAL AGENCY: DEPARTMENT OF HEALTH & HUMAN SERVICES		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): YOLO COUNTY, CALIFORNIA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: NUTRITION EDUCATION PROGRAM		
13. PROPOSED PROJECT Start Date: 9/2004 Ending Date: 9/2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1 AND 2 b. Project 1 AND 2		
15. ESTIMATED FUNDING: a. Federal \$50,000.00 b. Applicant \$2,396.62 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$52,396.62			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/3/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix MR. First Name JOSE Middle Name Last Name MARTINEZ Suffix b. Title EXECUTIVE DIRECTOR c. Telephone Number (give area code) (530) 668-0690 d. Signature of Authorized Representative e. Date Signed 6-3-04					

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 4, 2004	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION		Organizational Unit: Department	
Legal Name: Bay Area Partnership		Division:	
Organizational DUNS: 147455237		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Address: Street: 1212 Broadway, 5th Floor		Prefix: Ms.	First Name: Deanna
City: Oakland		Middle Name	
County: Alameda		Last Name: Niebuhr	
State: CA		Suffix:	
Zip Code: 94612		Email: deanna.niebuhr@bayareapartnership.org	
Country: USA		Phone Number (give area code) (510) 645-4207 x102	Fax Number (give area code) (510) 763-1874

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 04-3653529		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: Dept. Health & Human Services - Administration for Children & Families	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Child and Community Nutrition Project	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): School Districts, Cities, Counties		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 9th b. Project 8th, 7th, 8th, 9th, 13th and 14th	
13. PROPOSED PROJECT Start Date: 10/01/04 Ending Date: 09/30/05		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/02/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ 50,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ 70,000 f. Program Income \$ g. TOTAL \$ 120,000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix Ms. First Name Jennifer Last Name Pack		Middle Name Suffix	
b. Title Executive Director		c. Telephone Number (give area code) (510) 645-4207 x108	
d. Signature of Authorized Representative		e. Date Signed 06/02/04	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/7/04	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Tri-County Economic Development Corporation	Organizational Unit:
Address (give city, county, State, and zip code): 3120 Cohasset Road, Suite 5 Chico, Butte County, CA 95973	Name and telephone number of person to be contacted on matters involving this application (give area code): Marc Nemanic, Executive Director (530) 893-8732

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

68-0065873

7. TYPE OF APPLICANT: (enter appropriate letter in box)

<input checked="" type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District	<input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) <u>EDD</u>
---	--

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es):
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify):

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-773

TITLE: Rural Business Opportunity Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Development of Economic Development Elements for Glenn County General Plan, and Willows and Orland General Plans.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Glenn County, City of Willows, City of Orland

13. PROPOSED PROJECT Start Date: 9/1/04 Ending Date: 8/31/06	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 2 b. Project: 2
---	--

15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;">30,000</td> <td style="width:10%;">00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>31,000</td> <td>00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>61,000</td> <td>00</td> </tr> </table>	a. Federal	\$	30,000	00	b. Applicant	\$	31,000	00	c. State	\$		00	d. Local	\$		00	e. Other	\$		00	f. Program Income	\$		00	g. TOTAL	\$	61,000	00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>6/2/04</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	30,000	00																										
b. Applicant	\$	31,000	00																										
c. State	\$		00																										
d. Local	\$		00																										
e. Other	\$		00																										
f. Program Income	\$		00																										
g. TOTAL	\$	61,000	00																										

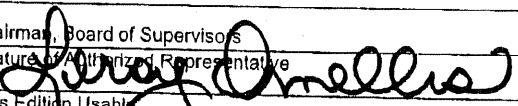
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSISTANCES IF THE ASSISTANCE IS AWARDED.

Type Name of Authorized Representative Marc Nemanic	b. Title Executive Director	c. Telephone Number (530) 893-8732
d. Signature of Authorized Representative		e. Date Signed

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 25, 2004 (Revised May 21, 2004)	Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name:			Organizational Unit:	
County of San Joaquin			Department:	
Organizational DUNS: 08722 6056			Department of Aviation	
Address:			Division:	
Street: 5000 South Airport Way			Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Stockton			Prefix: Mr.	First Name: Barry
County: San Joaquin			Middle Name	
State: California			Last Name Rondinella	
Zip Code 95206			Suffix:	
Country: USA			Email: brondinella@sigov.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000531				
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) Changed scope of project.				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106				
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Stockton Metropolitan Airport, Stockton, San Joaquin County, California Seasonal Wetlands Mitigation Reconstruct General Aviation Apron - Phase 1 Construct Northeast Air Cargo Apron Expansion - Phase 1				
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Joaquin County, California				
13. PROPOSED PROJECT Start Date: 2004 Ending Date: 2004				
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 11 b. Project 11				
15. ESTIMATED FUNDING:				
a. Federal	\$	1,500,000		
b. Applicant	\$	78,948		
c. State	\$	0		
d. Local	\$	0		
e. Other	\$	0		
f. Program Income	\$	0		
g. TOTAL	\$	1,578,948		
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 24, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Leroy		Middle Name	
Last Name Ornellas			Suffix	
b. Title Chairman, Board of Supervisors			c. Telephone Number (give area code) (209) 468-3113	
d. Signature of Authorized Representative 			e. Date Signed 05-27-04	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 28, 2004	Applicant Identifier																												
		3. DATE RECEIVED BY STATE	State Application Identifier																												
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																												
5. APPLICANT INFORMATION																															
Legal Name: Association of Bay Area Governments		Organizational Unit: Department: San Francisco Estuary Project Division:																													
Organizational DUNS: 07-907-3920		Name and telephone number of person to be contacted on matters involving this application (give area code)																													
Address: Street: P.O. Box 2050 City: Oakland County: Alameda State: CA Zip Code: 94604		Prefix: Ms. First Name: Marcia Middle Name: L Last Name: Brockbank Suffix:																													
Country: USA		Email: mlb@rb2.swrcb.ca.gov																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2832478		Phone Number (give area code) 510-622-2325	Fax Number (give area code) 510-622-2501																												
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) N - Local Government Other (specify)																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Wetland Prog. Develop. Grants 66-461 TITLE (Name of Program):		9. NAME OF FEDERAL AGENCY: US Environmental Protection Agency																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 6-10; 12-14; 17,23,24,30, 36,37,46		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Bay Area Wetland Project Tracker																													
13. PROPOSED PROJECT Start Date: 9/1/04 Ending Date: 12/31/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 9 b. Project see # 12 above																													
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$</td><td>162,525</td><td>.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>-0-</td><td>.00</td></tr> <tr><td>c. State</td><td>\$</td><td>24,175</td><td>.00</td></tr> <tr><td>d. Local</td><td>\$</td><td></td><td>.00</td></tr> <tr><td>e. Other</td><td>\$</td><td>30,000</td><td>.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>-0-</td><td>.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>216,700</td><td>.00</td></tr> </table>		a. Federal	\$	162,525	.00	b. Applicant	\$	-0-	.00	c. State	\$	24,175	.00	d. Local	\$.00	e. Other	\$	30,000	.00	f. Program Income	\$	-0-	.00	g. TOTAL	\$	216,700	.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/26/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	162,525	.00																												
b. Applicant	\$	-0-	.00																												
c. State	\$	24,175	.00																												
d. Local	\$.00																												
e. Other	\$	30,000	.00																												
f. Program Income	\$	-0-	.00																												
g. TOTAL	\$	216,700	.00																												
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																													
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																															
a. Authorized Representative		Middle Name																													
Prefix: Mr.	First Name: Henry	Suffix:																													
Last Name: Gardner		c. Telephone Number (give area code): 510-464-7988																													
b. Title: Executive Deputy Director		e. Date Signed: 5/28/04																													
d. Signature of Authorized Representative: <i>Henry V. Gardner</i>																															

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4 June 2004		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Girls After School Academy			Organizational Unit: Department:		
Organizational DUNS: 054075150			Division:		
Address: Street: 3543 18th Street, #15			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: San Francisco			Prefix: Ms First Name: Tonya		
County: San Francisco			Middle Name: P.		
State: California			Last Name: Williams		
Zip Code: 94110			Suffix: M.P.A.		
Country: San Francisco			Email: MYQWAN@aol.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3136872			Phone Number (give area code): 415-584-4044		
			Fax Number (give area code): 415-406-1922		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571 TITLE (Name of Program): Community Food and Nutrition Program			9. NAME OF FEDERAL AGENCY: DHHS/OCS/ACF		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Francisco			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: "Girls Advocating for Sustenance Autonomy"		
13. PROPOSED PROJECT Start Date: 1 January 2005 Ending Date: 31 December 2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant San Francisco-District 12 b. Project San Francisco-District 12		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	50,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 2 June 2004		
b. Applicant	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	20,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	25,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$				
g. TOTAL	\$	95,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Ms		First Name Tonya		Middle Name P.	
Last Name Williams				Suffix M.P.A.	
b. Title Executive Director				c. Telephone Number (give area code) 415-584-4044	
d. Signature of Authorized Representative <i>Tonya Williams</i>				e. Date Signed 2 June 2004	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 4 June 2004	Applicant Identifier
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Girls After School Academy		Organizational Unit: Department:	
Organizational DUNS: 054075150		Division:	
Address: Street: 3543 18th Street, #15		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: San Francisco		Prefix: Ms First Name: Tonya	
County: San Francisco		Middle Name: P.	
State: California		Last Name: Williams	
Zip Code: 94110		Suffix: M.P.A.	
Country: San Francisco		Email: MYQWAN@aol.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [9][4]-[3][1][3][6][8][7][2]		Phone Number (give area code) 415-584-4044	
		Fax Number (give area code) 415-406-1922	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not for Profit Organization Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: DHHS/OCS/ACF	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [9][3]-[5][7][1] TITLE (Name of Program): Community Food and Nutrition Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: "Girls Advocating for Sustenance Autonomy"	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Francisco			
13. PROPOSED PROJECT Start Date: 1 January 2005 Ending Date: 31 December 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant San Francisco-District 12 b. Project San Francisco-District 12	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 50,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 2 June 2004	
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 20,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 25,000 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 95,000 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms First Name Tonya		Middle Name P.	
Last Name Williams		Suffix M.P.A.	
b. Title Executive Director		c. Telephone Number (give area code) 415-584-4044	
d. Signature of Authorized Representative		e. Date Signed 2 June 2004	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 28, 2004	Applicant Identifier																					
		3. DATE RECEIVED BY STATE	State Application Identifier																					
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																					
5. APPLICANT INFORMATION																								
Legal Name: Association of Bay Area Governments		Organizational Unit: Department: San Francisco Estuary Project Division:																						
Organizational DUNS: 07-907-3920		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Marcia Middle Name: L. Last Name: Brockbank Suffix:																						
Address: Street: P.O. Box 2050 City: Oakland County: Alameda State: CA Zip Code: 94607-42050		Email: m1b@rb2.swrch.ca.gov Phone Number (give area code): 510-622-2325 Fax Number (give area code): 510-622-2501																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2832478		7. TYPE OF APPLICANT: (See back of form for Application Types) N - Local Government																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		9. NAME OF FEDERAL AGENCY: US Environmental Protection Agency																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Wetland Prog. Develop. Grants 66-461		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Development of the Wetlands Regional Monitoring Program for San Francisco Estuary and collaboration with Central and Southern California																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 6-10; 12-14; 17,23,24,30,36,37,46		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 9 b. Project see #12 above																						
13. PROPOSED PROJECT Start Date: 10/1/04 Ending Date: 6/30/06		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/26/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 220,000</td> <td>.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 20,000</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$ 35,000</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$ 19,000</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$ -0-</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 294,000</td> <td>.00</td> </tr> </table>		a. Federal	\$ 220,000	.00	b. Applicant	\$ 20,000	.00	c. State	\$ 35,000	.00	d. Local	\$.00	e. Other	\$ 19,000	.00	f. Program Income	\$ -0-	.00	g. TOTAL	\$ 294,000	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 220,000	.00																						
b. Applicant	\$ 20,000	.00																						
c. State	\$ 35,000	.00																						
d. Local	\$.00																						
e. Other	\$ 19,000	.00																						
f. Program Income	\$ -0-	.00																						
g. TOTAL	\$ 294,000	.00																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Authorized Representative Prefix: Mr. First Name: Henry Middle Name: Last Name: Gardner Suffix:		c. Telephone Number (give area code): 510-464-7988 e. Date Signed: 5/28/04																						
b. Title: Executive Deputy Director d. Signature of Authorized Representative: <i>Henry J. Gardner</i>																								

Version 7/03

**APPLICATION FOR
FEDERAL ASSISTANCE**

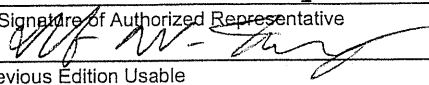
1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 4, 2004	Applicant Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Alliance for African Assistance		Organizational Unit: Department: Refugee Resettlement Division:		
Organizational DUNS: 503034556		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Address: Street: 5952 El Cajon Blvd.		Prefix: Mr.	First Name: Walter	
City: San Diego		Middle Name		
County: San Diego		Last Name Lam		
State: California		Suffix:		
Country: United States		Email: wl@alliance-for-africa.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 93-1008369		Phone Number (give area code) 619-286-9052		Fax Number (give area code) 619-286-9053
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> O - Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571		9. NAME OF FEDERAL AGENCY: DHHS - ACF/OCS		
TITLE (Name of Program): Community Food and Nutrition Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Community Food and Nutrition Program for Refugees and Immigrants to San Diego, CA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of San Diego, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 53 b. Project 49,50,51,52,53		
13. PROPOSED PROJECT Start Date: 10-01-2004 Ending Date: 9-30-2005		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 2, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$ 50,000.00			
b. Applicant	\$.00			
c. State	\$.00			
d. Local	\$.00			
e. Other	\$.00			
f. Program Income	\$.00			
g. TOTAL	\$ 50,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative		Middle Name		
Prefix Mr.	First Name Walter	Suffix		
Last Name Lam		c. Telephone Number (give area code) 619-286-9052		
b. Title President and CEO		e. Date Signed 6/2/04		
d. Signature of Authorized Representative				

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

MAY 14 2004

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Orange Cove Rural Fire Protection District of Fresno & Tulare Counties Address (give city, county, State, and zip code): 550 Center Street Orange Cove, California 93646		Organizational Unit: Fire Department Name and telephone number of person to be contacted on matters involving this application (give area code) Chief Robert Terry (559) 626-7758	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 944-6035403		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION:		<input checked="" type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 1 2004 STATE CLEARING HOUSE </div>		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Tender/Tanker Fire Truck for Urban / Rural fire protection.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Entire City of Orange Cove, portions of rural Fresno & Tulare Counties		14. CONGRESSIONAL DISTRICTS OF: David Nunez 21st., Cal Dooley 20th., George Radanovich 19th.	
13. PROPOSED PROJECT Fire Truck		15. ESTIMATED FUNDING:	
Start Date	Ending Date	a. Applicant	
		b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 111000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$ 74000.00	DATE _____	
c. State	\$.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ 0.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 185000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Robert W. Terry		b. Title Fire Chief	c. Telephone Number (559) 626-7758
d. Signature of Authorized Representative 		e. Date Signed May 11th, 2004	

Application for Federal Assistance

OMB Approval No. 0348-0043

1. Type of Submission Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. Date Submitted (mm/dd/yyyy) / /	Applicant Identifier
		3. Date Received by State (mm/dd/yyyy) / /	State Application Identifier
		4. Date Received by Federal Agency (mm/dd/yyyy) / /	Federal Identifier

5. Applicant Information Legal Name Rancho Mirage Rehabilitation Hospital, Inc. Address (give city, county, State, and zip code) Ramon Road and Dayall Drive Rancho Mirage Riverside County California 92270		Organizational Unit Name and telephone number of the person to be contacted on matters involving this application (give area code) Keith McDonald (405) 536-9127
--	--	---

6. Employer Identification Number (EIN) (xx-yyy-yyy) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2 0 - 0 4 6 9 3 6 7 </div>	7. Type of Applicant (enter appropriate letter in box) N <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Inter-municipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning </div> <div style="width: 48%;"> J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Nonprofit O. Public Housing Agency P. Other (Specify) </div> </div>
---	---

B. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)	9. Name of Federal Agency Rural Development
--	---

10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: Community Facilities <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;"> 1 0 - 7 6 6 </div>	11. Descriptive Title of Applicant's Project Physical Rehabilitation Hospital
--	---

12. Areas Affected by Project (cities, counties, States, etc.) Rancho Mirage, Riverside County, California	
--	--

13. Proposed Project Start Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy) 03/01/2004 05/01/2006	14. Congressional Districts of a. Applicant Mary Bono, Barbara Boxer, Dianne Feinstein b. Project Mary Bono, Barbara Boxer, Dianne Feinstein
--	---

15. Estimated Funding <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 75%; text-align: right;">21,500,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. Total</td> <td>\$</td> <td style="text-align: right;">21,500,000.00</td> </tr> </table>	a. Federal	\$	21,500,000.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. Total	\$	21,500,000.00	16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) / / b. No <input checked="" type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.
a. Federal	\$	21,500,000.00																				
b. Applicant	\$.00																				
c. State	\$.00																				
d. Local	\$.00																				
e. Other	\$.00																				
f. Program Income	\$.00																				
g. Total	\$	21,500,000.00																				

17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No	
--	--

18. To the best of my knowledge and belief, all data in this application/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.		
a. Typed Name of Authorized Representative Braxton Neiman	b. Title President	c. Telephone Number (include Area Code) (940) 716-1673
d. Signature of Authorized Representative 		e. Date Signed (mm/dd/yyyy) 12/12/2003

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 27, 2004	Applicant Identifier 04-040-952750154
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Peoples' Self-Help Housing Corporation	Organizational Unit:
Address (give city, county, State, and zip code): 3533 Empleo Street San Luis Obispo County San Luis Obispo, CA 93401	Name and telephone number of person to be contacted on matters involving this application (give area code) Sheryl Flores - 805-783-4465

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	5	—	2	7	5	0	1	5	4
---	---	---	---	---	---	---	---	---	---

7. TYPE OF APPLICANT: (enter appropriate letter in box) N

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) <u>n-Profit Org Non-Pr</u>

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es)

A. Increase Award	B. Decrease Award	C. Increase Duration
D. Decrease Duration	Other(specify):	

9. NAME OF FEDERAL AGENCY:
 USDA Rural Development (523 Program)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1	0	—	4	2	0
---	---	---	---	---	---

 TITLE: Section 523 Technical Assistance

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Applicant is applying for a Section 523 Technical Assistance Grant to construct mutual self-help single family homes.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 San Luis Obispo County

13. PROPOSED PROJECT Start Date: 6/1/04 Ending Date: 5/31/06	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 22 b. Project: 22
---	--

15. ESTIMATED FUNDING:

a. Federal	\$	890,800	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	890,800	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE _____
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

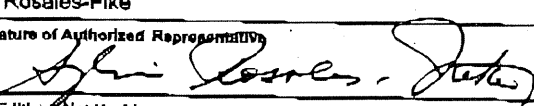
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Scott Smith	b. Title Assistant Secretary	c. Telephone Number (805) 781-3088
d. Signature of Authorized Representative		e. Date Signed

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/01/2004		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: ANEWAMERICA COMMUNITY CORPORATION			Organizational Unit: SAME		
Address (give city, county, state, and zip code): 2974 Adeline Street Berkeley, CA 94703			Name and telephone number of the person to be contacted on matters involving this application (give area code): Sylvia Rosales-Fike 510-540-7785 x303		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3342658			7. TYPE OF APPLICANT: (enter appropriate letter in box) N		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): Non Profit		
If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			9. NAME OF FEDERAL AGENCY: Community Food and Nutrition Program-Discretionary Grants;Office		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571 TITLE: Community Food and Nutrition Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Green Banana Building Healthy Communities - Educational workshops on food, nutrition, and economic development for low income new Americans.		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Francisco, Contra Costa, and Alameda Counties					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date	Ending Date	a. Applicant		b. Project	
09/01/2004	08/01/2005			7,8,10, & 13	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 50,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/01/2004			
b. Applicant	\$ 32,750.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
c. State	\$.00	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW			
d. Local	\$.00				
e. Other	\$.00				
f. Program Income	\$.00	17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ 82,750.00	<input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative		b. Title		c. Telephone number	
Sylvia Rosales-Fike		Executive Director		(510) 540-7785	
d. Signature of Authorized Representative				e. Date Signed	
				5/27/04	